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## EDITORIAL COMMENT



### CHRISTMAS

THE holiday season is a time for retrospection and anticipation, often bringing sadness and happiness so nearly together that it is verily a mixture of tears and laughter.

To one who has been more or less in touch with nursing and nurses for a quarter of a century, the year just closing seems peculiarly eventful and significant. Not since the beginning of a system of education for nurses in this country have we been so unsettled; not since that beginning have we had so much occasion for rejoicing, nor so much occasion for discouragement.

We have been standing in the limelight of medical criticism, a position extremely trying, but one which we aim to meet courageously and without flinching.

That a part of this criticism is fair and just we acknowledge, but there are certain phases of the criticism which we feel keenly to be unjust, and as women who are intrusted with grave responsibilities, we claim the right to a certain amount of freedom in choosing between what is right for the patient and official subordination to the medical profession. That the right of the patient is often obscured by this official subordination we believe to be the hinging point of a large proportion of this criticism, a condition which, met reasonably by both professions, would clear the atmosphere and give all concerned the harmony which is absolutely essential to the welfare of the sick.

We believe this phase of nursing affairs to be a transition state due largely to the eternal struggle between man and woman. We believe that so long as nurses are taught that the patient's welfare and

comfort are secondary to medical research, just so long will this struggle go on. The first question to be settled is, where the fault for this teaching lies.

We have the warmest friends in the medical profession—men who recognize our faults while giving us full credit for our work and our aims; men who have helped us in the past and will help us in the future to work out our own salvation, which is all we ask. Reversing the picture, we find such warm appreciation of our work by the world at large, which includes the medical profession, that we find occasion for much Christmas happiness.

The appointment of one of our distinguished women to a chair in Columbia University, the appointment of a nurse as Inspector of Training Schools in the State of New York, the great position created by the alliance of Bellevue with five other hospitals, all confirm the growing recognition of the value of our training, and encourage us to continue our endeavor to hold to what we feel to be right.

The JOURNAL rejoices in the addition of many hundreds of new subscribers during the past year, and extends to both old and new friends the warmest Christmas greetings; congratulations to those who are fortunate enough to enjoy the holidays with friends and family, and sympathizing thoughts for those who must deny themselves that cherished privilege.

May the new year give us all courage and strength to do honest work in the sight of all men!

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#### NURSING EDUCATION: MEDICAL TEACHING

IN the discussion of the subject of nursing education and the defects in teaching methods in training schools, we come next to the place that physicians have occupied in the training of nurses in the first decade of our history. What we shall say is not intended to be in the nature of condemnation, but our endeavor will be to show, if possible, how the instruction given by physicians has been unsatisfactory in its results, because of a lack of a practical working knowledge of the subject, in just the same way that much of the teaching done by nurses has been unsatisfactory, because of the improper preparation of the teachers for this department of work. We have been passing through a pioneer and experimental period. There has been earnest, conscientious endeavor, but the fact that the results have not been more satisfactory would seem to be almost conclusive evidence that much of the teaching has been defective.

Speaking from our own personal experience, we think the generation of physicians who were the ranking officers of the hospitals where training schools were first started were better grounded in what we will call nursing principles than the physicians of to-day. The Lectures which were given in those early days, as we recall them, and as we refer to our notes taken at that time, were of a simple, practical nature. Perhaps we might say that thirty years ago medical men of note were not so truly scientific as those of the present time. They taught those first classes of pupil nurses the practical application of certain medical principles that were to be applied to nursing, without going very deeply into the purely scientific side of the subject. They were accustomed to dealing with a class of women who were lacking in education, and in long years of both private and hospital practice had been satisfied with a very limited amount of coöperation in the care of their patients, doing themselves much that is now done by nurses. Medical science has made great strides during this period. In fact, the whole field of aseptic surgery and bacteriology has developed since that time. Medical colleges have changed their methods of instruction, and the most ordinary student graduating to-day is more highly versed in the purely scientific side of medical practice than the most noted men were at the period of which we speak. The pendulum has swung to the other extreme in the medical teaching of nurses. We find the majority of physicians to-day lecturing to the pupils in the training school as they would lecture to medical students, using the same technical terms and requiring in the final examinations, which they usually conduct, that the pupil shall be able to answer the same class of questions which medical students are required to answer.

Referring again to the conditions existing in New York State, it will be remembered that at the time of the first full examinations which were held at the expiration of the term of the waiver, the Board of Examiners, in order to reach some understanding of the kind of questions which the nurse had been called upon to answer in the last set of finals, sent to the registered schools of the state, at that time eighty-five in number, and secured copies of the finals used in the majority of the schools. Of course among these papers were many that were practical, but there were a great many which required a kind of knowledge which, we do not hesitate to say, was out of the province of a nurse, and which she should not have been called upon to answer, in order to secure her nurse's diploma. We give a few of the questions, gathered at random from these papers:

1. Describe treatment following laparotomy.
  2. Give the principal constituents of bone.
  3. What is the difference between a nerve fibre and a nerve cell?
  4. How would you diagnose enterocolitis in an infant eight months old?
- Give general outline of treatment. What temperature would you have the water for an enterocolonic douche?
5. How many kinds of heart-murmurs?
  6. Give some positive differential diagnoses between a seven months pregnancy and a fibroid tumor.
  7. Name and describe the heart sounds.
  8. What is the average weight of the heart?
  9. Do you consider appendicitis a surgical or medical disease?
  10. Give symptoms of a floating kidney.
  11. How is X-ray produced?
  12. What do units, volts, and amperes represent?
  13. Mention the kinds of pleurisy, and give the symptoms of each variety.
  14. Name three diseases which may be diagnosed by blood examination.
  15. Where is dysentery located, and how would you treat a patient?
  16. Give some symptoms of Bright's disease. What is found in the urine in Bright's disease? What is found in the urine in diabetes mellitus? Is this a kidney disease?
  17. What would you do in an emergency case as follows: patient has plethorhy, dropsy, cyanosis, dyspnœa, and a rapid, thready pulse?

We could go on for pages with questions similar, but we think that those we have quoted show quite conclusively that too much time is being spent in many of our schools in the study of purely technical medical questions. Not the nursing side of medicine, which must be taught, and has always been taught, but subjects that have practically nothing to do with the nurse's duties, and which are not necessary for her intelligent coöperation with the physician, in carrying out his instructions.

The criticisms which are being made so generally that nurses are being taught too much medicine and not enough nursing, we think are perfectly just, when we consider that scores of nurses in one state have been obliged to answer such questions as the above in order to secure a diploma in nursing.

In the last examination, nurses taught under these same conditions, when called upon to answer such practical questions as will follow, showed an entire lack of instruction on subjects of practical nursing. We give only a few of these questions, to illustrate what we mean:

Q. What function does food perform in the body?

A. Food is taken to build up repair and to circulate the heart. Blood, fat, and muscle perform in the body. Food satisfies the lungs.

Q. Mention the chief forces of proteids in our food supply?

A. Sulphate of lime, built up the brains. Chief sources of proteids produce heat and muscle. Potatoes and all vegetables, cereals, starches, fats, milk, water,



are all mulsifying, by the action of pepsin, hydro-chloric acid, etc. Fat, alkaline, lime, are found in food supply. Proteids are obtained from meat stuffs.

Q. Mention the objections to a strictly milk diet?

A. Milk is indigestible, is the reason some persons cannot digest milk.

Q. Give the uses of water in the body?

A. Help to mulsify solids and go to make up bone.

Q. Describe in detail the preparation of a kitchen in a tenement house for a surgical operation?

A. No good doctor or operating surgeon would think of performing an operation in the kitchen of a tenement house, while there are good hospitals and nurses within easy reach.

The majority of applicants answered this last question exceedingly well.

Q. What is necessary for the growth of bacteria?

A. Air. They grow better in well babies than in sick babies.

And another to the same question: "They grow by division, and multiply by two." Still another: "Bacteria grow by addition, sub-division, and multiply by throwing out spores and breaking down of the tissues."

We refrain from giving more of these questions, as these are surely enough to illustrate our point. Forty out of sixty-six applicants passed at a general average of 75 or over.

That we need a new order of things in teaching in our schools goes almost without saying. Men who are to teach subjects purely medical should be required to show some fitness for this work, and be paid for their services, so that they will be justified in giving preparation to their subjects, and can be called to account by the school authorities if the work is unsatisfactory, or if the service is not promptly and efficiently rendered. This will seem like heresy, perhaps, when we consider the time which has been given, and the really earnest and conscientious work which has been done, by members of the medical profession, and which are still being given and done, gratuitously, all over the country. We need text-books prepared by physicians and nurse teachers in collaboration, in which the practical application of certain medical principles to nursing may be clearly defined and taught without the spending of so much time and study in aimless wanderings into the medical field. The advance in medical science calls for a broader and more intelligent understanding of medical principles on the part of the modern nurse, but these principles should be taught in their application to nursing, and not as in the practice of medicine.

We have reached a point in our development when all parties con-

cerned recognize this fact, but we have not yet succeeded in threshing out a system of instruction by which the purely medical side of nursing shall be taught efficiently and practically by physicians, and by which the strictly nursing principles shall be taught by nurses efficiently trained to teach. This seemingly chaotic condition is really a very hopeful state to have arrived at, because, having discovered that there are defects, and being all agreed that the remedy must be found, a practical solution of the whole broad question will now gradually be worked out. As we have said before, the responsibility for our unsatisfactory state does not rest entirely upon nurses themselves; nor does it rest entirely upon the hospitals that have maintained the schools, or upon the members of the medical profession, who have been largely the teachers. It is a responsibility distributed among these three groups of people, and will not be solved by a shifting of the burden from one set to the other, or by bitter criticism or scornful censure of the efforts and motives of either party. Medical men must be willing to coöperate and drop their attitude of arbitrary dictation in the matter of nursing education. Hospitals have a great responsibility, and nurses themselves must carry the heaviest part of the burden.

Realizing the great defects in the teaching of strictly nursing subjects by nurses, the American Society of Superintendents of Training Schools for Nurses established, some eight years ago, the course in hospital economics at Teachers' College, Columbia University. The cost of maintaining this department at Columbia has been borne by the nurses of the country, the superintendents of training-schools, graduates on private duty, and organizations, contributing, year by year, a stated sum of money, the great nursing body in this way endeavoring to improve that side of the teaching of nurses in training, for which it feels responsible. We think it may not be amiss to suggest that with the importance of the place which all agree nurses are coming to occupy more and more, in all departments touching the health and welfare of the human race, medical colleges might well establish a department where physicians will have an opportunity to study the whole broad question of modern nursing, and its relation to the practice of medicine, or, what might be better still, that the course of hospital economics at Columbia might be so broadened and developed as to include physicians. Bringing together the two groups of teachers in one school would certainly be a most effective way of solving some of the problems of the teaching of nurses.

We are printing in this issue the examination questions used by the North Carolina Board of Examiners at the last examination. North

Carolina has a mixed board, composed of two physicians and three nurses. In this examination, the subjects of Anatomy, Physiology, and Surgical Nursing are those of the medical examiners.

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### THINGS THAT HAVE BEEN FORGOTTEN

ALMOST all people begin the new year by making some resolutions. Possibly many of these resolutions are forgotten as soon as made, but doubtless many carry with them the memory of better intentions, at least, for a long time. As we find ourselves nearing this period, when the new leaf is to be turned, we want to make a few very gentle suggestions to our readers and contributors in regard to their duty to the JOURNAL in the coming year.

Each fall brings in a set of new officers to the associations. Presidents and secretaries, new to organization work, are brought more or less into touch with the JOURNAL office. There are certain instructions which the retiring officers should give to those succeeding them, which would save embarrassment and annoying mistakes, both to the newly elected officers and to the JOURNAL. The fact that reports of meetings should be sent in at once, that there may be no mistake about their being received in time for the next issue, is perhaps the most important of the things we shall mention. These reports must be brief, must be written on one side of the paper only, and must be signed with the contributor's name and address and the date added. Personal items about the members of the organization, with marriage and death notices, should also be sent promptly, and all contributions should be in the hands of the editor-in-chief at Rochester before the 12th of the month, when possible, and not later than the 16th in an emergency. The pages of the JOURNAL close absolutely on the evening of the 18th preceding the date of issue.

The fact that it has been decided by the JOURNAL management not to publish formal obituary notices should also be explained by the retiring officers, and when it is proposed by some uninformed member of the association to send resolutions to the JOURNAL, the reason for not publishing such resolutions should be explained to the member. This will need to be done over and over as new members and new officers come into the society. The reasons for this decision are fully stated in the April number of the JOURNAL, and need not be repeated here.

Then the fact that the JOURNAL is the official organ of the Nurses' Associated Alumnae, with which all of the organizations are now affiliated, should be each year brought to the attention of the members, and the obligations of the profession to this organ be explained. It is only

in this way that the younger members can be educated to realize their responsibility to the JOURNAL, and to take an interest in its financial welfare and its professional development.

We feel as the year closes that there are many and special reasons why the members of the nursing profession should feel proud of their magazine. It is, first of all, backed by nurses' capital, it is edited by nurses, the business management is in the hands of a nurse, and its directors are all nurses. It wields a tremendous influence in nursing affairs the world over, and is quoted from constantly by nearly every nursing journal that is published, whether professional or commercial.

There has been an unusual amount of interest displayed, especially by the State Associations, in the development of the JOURNAL during the past year, and the result has been a very great increase in the subscription list, which means a broadening of the JOURNAL's educational and professional influence throughout our country. The mission of our magazine is educational. The financial management is developed, that its field of usefulness may be broadened.

The closing year of 1906 has been one of exceptional prosperity. The future has never seemed more brilliant. When those pioneer workers in the JOURNAL's field shall, in the course of natural events, relinquish its management into younger hands, the seasons of anxiety and the periods of doubt and of hardship will have passed, and the JOURNAL will be established upon a basis so firm that its professional expansion can go forward without financial restrictions.

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### THE NURSING HISTORY

THE two years and more which have gone by since the announcement was made in the JOURNAL that Miss Nutting was preparing a History of Nursing have seen a vigorous growth of interest in the subject of past history. Nursing associations in all parts of the country are gathering material and making studies in the history of nursing, and it is currently supposed that at least one other person, and probably two, have, since Miss Nutting's announcement in these pages, planned to issue works dealing with the progress of the nursing art. We are glad to be able to announce that the book first projected by Miss Nutting will be published by G. P. Putnam's Sons, and that it is definitely promised to appear by next May.

During her entire professional career Miss Nutting has made nursing history a prominent interest. She is by nature and habit a lover and collector of books. She has gathered at the Johns Hopkins the

most interesting and complete library on nursing in existence, secured its future growth by a system of contributions from the pupils, and devoted to its uses a portion of a bequest which was left to be used in some way which would bring benefit and pleasure to the nurses. Miss Nutting devotes about half of this income to general standard works, and the other half to historical material.

The course of lectures which she gave at Teachers' College on nursing history has formed the basis and given the outline to the history. The collaboration with Miss Dock came about through the warm interest of the latter in the long-cherished plan, and the increasing magnitude of the labor required, which proved to be more than was compatible with the demands of an exacting hospital position. During Miss Dock's visit abroad, she searched the libraries of Berlin and Paris for historical material, and since her return has devoted the greater part of her time to the completion of the original plans. The book will be divided into three parts, whose contents will be, roughly speaking, as follows:

Part I.—The Nursing of Prehistoric Races; of Ancient Civilizations: India; Egypt; Greece; Rome; The Jews.

Part II.—Women Workers and Nurses of the Early Christian Church; The Monastic Nursing Orders; The Secular Nursing Orders, *i.e.*, the Béguines; The Sisters of Charity; The Knightly Nursing Orders; Famous Hospitals; Famous Nursing Saints; Romance and Story; Early Canadian Nursing; The Fifteenth Century; The Nursing Systems of Two Hôtels-Dieu of Paris and Lyons; The Dark Period of Nursing; Pre-Fliedner Movements of Reform; Kaisersworth and Deaconesses; Early and Later English Nursing; Pre-Nightingale Efforts.

Part III.—Times, Work, and Writings of Miss Nightingale; The Progress of Nursing in America to 1875.

The book will not continue its account later than 1875, and another volume is in contemplation, to deal with the modern period of organization.

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### NURSES AND THE RED CROSS

A MEETING of the New York Committee for the enrolment of nurses for Red Cross service was held at the house of Mrs. William K. Draper on October 19th. It was decided to enroll two classes of nurses for Red Cross service: the regular private nurses for field work, and hospital nurses for administrative work, the conditions of salary, health

certificates, etc., being identical for the two classes of workers. This will make it possible for many of the older women, holding positions at the head of hospitals or training schools, to enroll for Red Cross duty, and will insure to the Red Cross the service of trained executive heads if, in emergencies, temporary hospitals have to be established. By this provision also, there would be no age limit, as many of our most valuable workers, who would not feel physically able to give field service in emergencies, will enroll with the prospect of being able to serve the country as supervising nurses.

We think the coming year should bring great developments in the Red Cross work, and that it is a matter which nurses should take up with serious consideration in the organizations. The past year has been one of unusual calamity, and the Red Cross, even in the infancy of its reorganization period, has proved a boundless blessing. There should be no holding back on the part of nurses to identify themselves with the state organizations where they are living, that in case of either national or local calamity there shall be no loss of life or prolonging of suffering that is within a nurse's power to prevent.

Nurses wishing to enroll for service under the Maryland Board of the American National Red Cross may obtain application papers from the Hon. Henry Stockbridge, 75 Gunther Street, Baltimore, Md. It is advisable that a large number of nurses should be enrolled, for this service is necessarily one of emergency, and when called upon for duty many of those enrolled will be unable to respond on account of hospital or other binding engagements.

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### THE ARMY NURSE CORPS

We understand that it is becoming difficult to keep the ranks of the Army Nurse Corps filled, and we believe that until some changes in the army regulations have been effected, which will alter the nurse's social position in the army and give her promotion with rank, this condition is likely to increase. We believe there should be a great effort made on the part of the nursing organizations of the country, the Spanish-American war nurses leading, to bring about an amendment to the army bill which will give promotion with rank, with all the privileges which would entail, for nurses in the army. It would mean a great concerted action, and while the result might be disappointing, to some extent, as all of our work is where we must depend upon other bodies for coöperation, still such an agitation could not fail to produce some result which would be an entering wedge on the side of improvement.



## THE SUSAN B. ANTHONY MEMORIAL

MENTION is made elsewhere in these pages of the memorial to Miss Susan B. Anthony, which is to take the form of a woman's building for the University of Rochester. Definite plans have now been perfected for carrying forward this work. It is hoped that the seventy-five thousand dollars which is to be raised will be largely contributed by the many thousands of women workers who have been benefitted, all unconsciously on their part, by Miss Anthony's efforts for the enlargement of opportunities for women. Leaving out entirely the question of political rights, Miss Anthony is recognized as the great leader in the movement which has improved conditions of women, and especially of working women, the world over. Miss Anthony was a believer in higher education for women. It was largely through her personal efforts that women were admitted to the University of Rochester. The Anthony Memorial Building is to be for the use of the women students of the University of Rochester, Miss Anthony's home city. The circular, found on another page, gives the names of the women who have taken the initiative in securing this memorial. No class of women in the world are benefitted more than trained nurses, from Miss Anthony's great work. It would be only fitting that the members of the great nursing body should contribute to this memorial.

The committee have arranged little subscription books, which make securing of subscriptions an easy matter, and the JOURNAL suggests that the matter be taken up by the nursing organizations, and that small sums be solicited for Miss Anthony's memorial. The Johns Hopkins Alumnae have contributed twenty-five dollars to this fund.

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ABUSE OF THE R.N.

THE first flagrant abuse of the R.N. has come to our knowledge, and we want to be understood as absolutely condemning the practice of nurses in lending their names to the endorsement of proprietary medicines of any kind. We have in our possession a letter of such endorsement signed by a graduate of one of the Brooklyn hospitals, who is the chairman of a membership committee of a state having registration. We think her alumnae association and the state society of which she is a member should take this matter in hand, and that in all cases of this kind the offense should be considered sufficient ground for depriving a nurse of her registration certificate. A woman who lends herself to such practices brings disgrace on the whole nursing body.

### THE NEW YORK INSPECTORSHIP

As a result of the New York State Civil Service examination for the position of inspector of training schools for nurses, Miss Anna L. Alline has received the appointment. Miss Alline was not the candidate recommended by the Board of Examiners, but her long connection with the course in hospital economics at Teachers' College, and the endorsement of the Dean of that college, gave her the ranking position in the examination.

This appointment is one of immense importance to the whole country. The New York law and the standards that it established have affected the schools of all the United States and Canada.

If Miss Alline rises to the occasion, New York will continue to lead. If she fails to appreciate the great opportunity that is before her, not only will New York State lose its leadership, but nursing education the country over will receive a setback from which it will not recover in many years.

While the JOURNAL appreciates Miss Alline's womanly qualities, it regrets that a woman with a record of greater achievement in training-school administration and leadership should not have been appointed to this position.

The result of the Civil Service examination in New York State demonstrates the inadequacy of the system when applied to nursing affairs.

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### A NEW TEXT-BOOK BY MISS McISAAC

MISS ISABEL McISAAC is writing a text-book for first year pupils, which is to deal entirely with methods and technique, and which will be the first of the series of American Text-Books of Nursing to be published by THE AMERICAN JOURNAL OF NURSING COMPANY. The first volume will be published in the early summer. Miss McIsaac needs no introduction to the nurses of to-day. She has a world-wide reputation as a teacher of nurses, and in her contributions to the JOURNAL—"A New Cranford"—she has shown such an unusual "gift of expression" with her pen that, whatever other faults the book may contain, we are sure it will not be "dry."

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### A NEW KIND OF ORGANIZATION

ONE of the new lines of work which has developed during the year in its form of organization is the Nurses' Volunteer Benevolent Association, of Rochester, N. Y. This is, practically, a district nurses'

association, which has been organized and financed up to the present time by nurses. The first nurse was put in the field on April 15, and now, having demonstrated that such an association is needed in the city, the nurses are appealing to the general public for funds with which to carry on the work. Very great interest has been manifested by a number of the leading philanthropists of the city, and it is hoped and expected that the efforts of the nurses along these lines will be maintained through the coöperation of the general public. The association has a membership of in the neighborhood of eighty nurses, who have contributed either money or service, and the president is Miss Jeannie M. Wilson, whose address is No. 372 Hayward Avenue, Rochester, N. Y. We shall give in a later issue a detailed account of the manner in which this society has been organized.

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#### NEW ALUMNÆ JOURNALS

THE Alumnae Association of the U. B. A. Hospital, Grand Rapids, Michigan, has published the first number of a very creditable alumnae magazine, to appear quarterly. The editor is Miss May Simm, and the business editor is Mrs. Kate MacDonald. The Presbyterian Alumnae of New York City have also started a journal, and the Alumnae of the Hospital of the Good Shepherd, Syracuse, are considering ways and means of doing the same. We welcome all such magazines as being great forces in the education of nurses.

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#### TO REVIEW THE FIELD OF STATE REGISTRATION

So great has been the demand for information bearing upon every side of the question of state registration for nurses that we have decided to begin in January a review of the whole broad subject. The bills that are now in operation will be reprinted in such form that they can be detached for more convenient use. Miss M. M. Riddle, president of the Massachusetts State Nurses' Association, will write the first of a series of papers to appear during the first half of 1907, her subject to be "Why We Need State Registration." How to pass a bill, the educational influences of State Registration, what it has already accomplished, defects in existing laws as demonstrated by administration, and other equally important features of the registration movement will be brought out. Among the writers already secured are Miss S. H. Cabanis, of Virginia; Miss Louie

Croft Boyd, of Colorado, and Miss S. F. Palmer, of New York. Other equally well-known leaders in the movement will contribute to the series. There will be reprints of the articles for sale, which may be had from the JOURNAL headquarters in Philadelphia.

### WANTED

THE JOURNAL now wants in every city a bright, energetic nurse of pleasing address, who is capable of looking after the interests of THE AMERICAN JOURNAL OF NURSING during her spare moments.

We are appointing representatives all over the country for this purpose, and a prize of twenty-five dollars is to be awarded to the most successful, *i.e.*, to the one who sends us the highest number of orders. Five prizes of ten dollars each will be awarded to the next five most successful, and five additional prizes of five dollars each to the next five most successful. These prizes are in addition to the regular commission paid. No representative works for nothing; a commission is paid on every order received.

For instance:

For five	orders we pay.....	\$2.50
" ten	" " " .....	5.00
" fifteen	" " " .....	7.50
" twenty	" " " .....	10.00
" forty	" " " .....	20.00

and so on in a like proportion.

The person sending the most orders is awarded the prize in the manner stated above. The orders may be *new* or *renewal* subscriptions, and as an inducement each representative is privileged to offer the December number *free* with every yearly subscription to begin with the January, 1907, issue.

The only restrictions are that all orders must be mailed on or before February 28, 1907, and cash, less commission, must accompany each order. Such orders to be sent to the Business Manager at the Philadelphia office, 227 South 6th Street.

The time is short, and the sooner those wishing to do this work begin, the more they may hope to accomplish. Write now for literature and order blanks. Our regular agents who are nurses may avail themselves of this offer.

**A NEW CRANFORD: BEING A MORE OR LESS TRUE  
ACCOUNT OF AN EXPERIMENT**

**DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST  
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

By ISABEL McISAAC

Benton Harbor, Michigan

PART SECOND

I. THE BACKSLIDE OF WILLIAM THE CONQUEROR

THE time was when the backslidings of humans were considered solely from a moral standpoint, but we are beginning to find physical defects, environment, diet, and many other reasons, often very far-fetched, as excuses for the frailties of mankind. The exemplary conduct of William the Conqueror for many months lulled us into a feeling of security which was unhappily ill-founded. We had decided that his former riotous behavior was entirely due to his diet, and were prepared to argue at great length with the extreme vegetarians, who charge all the sins of mankind to meat (what a joyous season was theirs through the recent meat scandals!) and all man's virtues to vegetables.

Certainly Billiam is a living contradiction of the moral effect of oats. Soon after all the ploughing, harrowing, and cultivating was done, about the first of August, he showed his first premonitory symptoms of backsliding by making sudden sidewise plunges from automobiles, which he had seen daily all summer. I made a journey to town alone one day when he made several such excursions off the road. When we got home Euphemia and Friday were across the ravine, so I tied him and went indoors to divest myself of "go-to-town" clothes. Hearing wheels, I looked out, to see him wandering across the yard, his halter broken and dangling. Not knowing what else to do, I loosened one of the reins and led him back to his post—which did not at all suit his lordship—and again went indoors. Again hearing wheels, I ran out to find him eating sunflowers and threatening to overturn the buggy or break the wheels on the pear trees. The rein was broken. This time he positively declined any of my attentions, tossed his head and kicked at me, while he continued lunching on pears and sunflowers. Finally I was compelled to call to Euphemia, across the ravine, and the very minute she called "Billy!" in her most commanding tone he sedately walked back into the path with the most lamb-like aspect, as though nothing could ever induce him to misbehave.

About this time Tom, who had been learning to drive alone, went to town with some loads of apples. The first trip went off very happily, and the youngster was delighted with himself, but the next time everything went wrong, Billiam bolting at automobiles, pile-drivers, switch-engines, street-cars, and even bits of paper, until the poor child's arms were nearly pulled off and his face covered with dust and tears when he got home.

We were advised to get a certain kind of bit which pinches and hurts cruelly when a horse attempts bolting. It did not take long to discover that our rascal had evidently been acquainted with such a bit at some earlier period.

We drove to town one evening, Tom going on his bicycle, and on arriving at the railway crossing, which seems to be our doom, a sputtering, fussy little switch-engine came darting out of a freight shed, the fireman unfortunately opening his door to shovel in more coal just as the engine passed us. Billiam literally arose to the occasion; he reared so suddenly that he looked as high as the Flatiron Building in New York, to our terrified eyes. Euphemia cut him with the whip, but when he plunged forward the new bit gripped him, and at once, for the first time in his life, he began frantically to back, over the switch tracks, off the pavement, and into the cinders, while the other engines whistled wildly and every man and boy shouted at us as if they thought we didn't know we were going to be smashed to bits. How we got out without a scratch no man knows, but we did, and found Tom's scared white face waiting for us across the tracks.

After a solemn family conclave it was decided that Billiam's oats must be cut down, which was done, and, except for an occasional prance, we jog to town as peaceably as sheep. I am now experimenting upon my family to decide whether oatmeal porridge for breakfast will account for lost report-cards, running away from Sunday school, forgetting to brush one's teeth, and other juvenile shortcomings, but I am not yet prepared to publish the results of my investigations.

(To be Continued)

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Joy and Temperance and Repose  
Slam the door on the doctor's nose.

SEVENTEENTH CENTURY.



## THE COMMON THINGS OF NURSING

By ADDA ELDREDGE

Graduate St. Luke's, Chicago

THE title for this article was selected several months ago, and in the interval articles which have expressed the ideas I had in mind more ably than I am capable of doing have appeared in the JOURNAL. However, I suppose originality is not expected, and repetition is unavoidable.

A great deal has been, and will continue to be, written on the subject of the nurse's vocation. Now and then there may be women who have had that "direct calling" which is the generally accepted definition of vocation, but in my opinion the majority of nurses are women who have entered the field of nursing to earn a livelihood. That many—let us hope the majority—have so exalted an idea of the profession, and such love for the duties, that they work as women must who desire to attain the highest, we take for granted.

Higher education for nurses is everywhere being discussed, and there can be little doubt that it will add much to the usefulness of those nurses who have the intelligence to understand that the higher the education and the more varied and extensive the knowledge at her command, the greater is the necessity that she understand the common needs of the patient, the welfare of those into whose homes she is received. We are called to those of all classes—the rich, those of moderate means, and those who make sacrifices to have us.

That we are called to nurse the sick is true, but that is not all. It falls to us, in many cases, to restore order to a disordered household, confidence to a terror-stricken family. Often it is the mother who is ill, and in addition to the extra work illness entails, there falls on some maid-of-all-work those duties the mistress has always performed, and to us the duty of seeing that this work does not become too heavy. Is it not better that if we err, it be on the side of friendliness towards the servants? Are we not all servants—differing only in the quality of our service?

We read many discussions these days on such trivial questions as the following: "Shall the nurse wear white or stripes?" "Shall she wash or only rinse the baby's napkins?" "Can she with dignity wheel a baby carriage?" Do not these questions resolve themselves into a question of personal dignity? What can it matter if the uniform is white or striped, if only it is clean and worn by an earnest, self-respecting woman? What difference to her if the servant's dress is similar? Now, as always, dress fails to make a lady. When it becomes

necessary to assure our patients that we are ladies, words will not avail; the very use of them will be an argument against us.

No book of professional etiquette can decide just what the nurse may do or leave undone; her own good sense, her kindness of heart, must decide. These seemingly minor points often make or mar the reputation of the nurse. Wiping the dishes now and then for a tired maid may be classed as nursing if thereby the patient is saved from worry. Cooking a meal for the family may be outside the province of a nurse, but in considering "common things" it is one a kind-hearted nurse may find necessary, or at least expedient.

We hear that some nurses "spoil their patients." The spirit which prompts such criticism is wrong; we are there to "spoil" the patient, if those little kindly attentions which are a matter of choice to the nurse, but which do so much to relieve the weary hours of illness, are spoiling.

The higher education, the greater knowledge of disease (its cause and prevention), the modern, up-to-date methods of treatment, a knowledge which embraces all branches of nursing, hospital and private duty, district nursing, housing of the poor, the treatment and prevention of tuberculosis, supervision of the public schools, the work of the Juvenile Court, all call for our warmest advocacy and support; but if we for one moment scorn the trivial details, the "common things of nursing," we become not a help, but a hindrance. Like the fox in the fable, we grasp for the shadow and lose the substance.

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"Lo, now is come our joyful'st feast!

Let every man be jolly.

Each room with yvie leaves is drest,

And every post with holly.

Now all our neighbours' chimneys smoke,

And Christmas blocks are burning;

Their ovens they with bak't meats choke

And all their spits are turning.

Without the door let sorrow lie,

And if, for cold, it hap to die,

Wee'le bury 't in a Christmas pye,

And evermore be merry."

—Withers' *Juvenilia*.

## HOURLY NURSING

By GRACE HOLMES

Graduate of the Wisconsin Training School, Milwaukee, Wis.

[NOTE.—In some localities the paid visiting nurse is called a visiting nurse, and a charitable visiting nurse is called a district nurse. Miss Holmes uses the terms in this way in this article.]

VISITING or hourly nursing is a comparatively new branch of the work, which is attracting wide attention and calling out many inquiries from nurses all over our country. The subject was touched upon ever so slightly at the Detroit convention, during the session which was devoted to discussing some ways of taking care of the families of moderate means for a price which they can afford to pay. The discussion was supplemented by a heart to heart talk among a few of us who were personally (and financially) interested in the work, while on that delightful steamboat excursion, than which there was not a more helpful and valuable session during the entire convention.

The fact that the editor of the JOURNAL is asking for an article on this subject at this time convinces me that it is right and fitting to tell about the work just as it is, as the visiting nurses know it, and not as it appears to outsiders.

Much has been said about this work, both by medical men and by the people, as to its great possibilities for usefulness. Physicians are much of the opinion that a visiting nurse should be able to travel about in an automobile, or surely with a horse, at the end of two or three years of work, so great will be the demand for her services, and the remuneration. Yet when we had taken off our rose-colored glasses and really told each other facts rather than hopes, the interesting discovery was made that visiting nursing nets less profit to the worker than any other branch of nursing in which she can engage. Why this should be so, none of us could tell, though we searched diligently for a reason.

Some reasons come to me now, when I can take time to think, that I might have suggested then, had I gone to the convention with any idea that my little work was going to prove a subject of interest to any one else. My going to Detroit at all was a delight and honor thrust upon me by the all too appreciative association of which I am secretary, and consequently I left hurriedly, with only an idea of getting from, none of giving to, the convention.

I believe the reason for the lack of financial success in the visiting work is a very complex one. Perhaps one of the chief factors is the

heavy expense incident to doing the work. Ten per cent. of one's income (at least of mine, at the schedule of fees given on another page) is eaten up in car-fares and lunches. Boots and walking skirts wear out as if they were alive and had a grudge to pay off; aprons and shirt-waists, likewise. Hats look a fright in two months if they must be worn out, rain or shine. A good fur coat is indispensable in a cold climate, for nothing else will keep one from getting chilled through upon coming hot and moist from giving a baby's bath beside a kitchen stove. All these things make one's wardrobe a source of never ending expense, while to the usual room rent and other expenses of a private duty nurse must be added the board bill for fifty-two weeks each year.

Perhaps I have been putting the cart before the horse in telling first how our money gets away from us; if so, I will go on backward and tell how it comes to us, and possibly some reasons why more of it does not come.

It must be remembered that if there is not a real need for economy in a family, a regular private duty nurse is employed. This might be said to make competition on the one side, while on the other side we are actually and intentionally competing with the midwife, who will be doctor and visiting nurse in one for ten to fifteen dollars, and with the "experienced" nurse, of whom many of our physicians have a terror and a dread, but who will do the nursing, the housekeeping, and even the washing and scrubbing, for one to two dollars a day. Why pay a visiting nurse a dollar for two hours in the morning when this woman must be employed anyhow to do the housekeeping, and claims that she can do the nursing as well as any one? It requires education, and lots of it, to work up a demand for the services of a visiting nurse among the people.

The physicians are so accustomed to planning economy for their patients, and are so used to getting on with the help of the family and the neighbors, that they display a perfectly incredible facility for forgetting that a visiting nurse can be had. For example, one of our surgeons did a curettement recently with only frightened neighbor women for nurses—and he a man who is perfectly familiar with the work of the visiting nurse. Things went wrong, and later a nurse was called in. This, however, was an expense which the family could ill afford to bear, so a few days later it was suggested that the case be turned over to a visiting nurse to finish up. The family physician, who was not the operating surgeon, said disgustedly: "Those old women who call themselves visiting nurses are worse than no one at all." Upon being told that a trained nurse could be secured for that work, he expressed the greatest surprise and delight. "Why, if only

I had known that the other day when we did this operation!" Yet I had previously called twice upon that man and explained the work to him; and I verily believe that in six weeks he will have completely forgotten it. What is to be done with such a man? And there are scores of them. Yet, on the other hand, when once a physician has gotten thoroughly in touch with the work he never forgets it, and he makes constant application of it. I have taken care of six obstetrical cases in two weeks for the same doctor, though this is rare. The people, too, come back again and again. I have three babies in a number of families, and some six or seven families, related by marriage, in which I have assisted with every confinement that has occurred during the last seven years.

I might say here that about fifty per cent. of my work has been obstetrical, about thirty per cent. medical, and the balance surgical.

The ordinary day's work is very strenuous and consequently peculiarly exhausting. For example, during her morning call upon an obstetrical patient, the nurse gives enema and douche (p. r. n.) bath, changes bedding, combs hair, makes up the baby, of course plans diet, etc. Any nurse will realize that with this much accomplished, the hard work of the day is all done. About two hours have been spent. Of course the visiting nurse is a bit tired, and her back aches a little from bending so long without a rest, but time is money, and she hurries away to the next case, to begin the same work over again. This goes on as many hours as the work lasts. Everywhere, all the hard things are saved up for the visiting nurse to do, and most of the patients are on those back-breaking low beds (and when only a few visits are to be made it seems hardly worth while to resort to such helpful devices as the one suggested by L. M. A. in "Practical Suggestions" in the October JOURNAL). Again, we all know how fatiguing are the surgical, and even more so the obstetrical, events, occupying, as they are almost sure to do, a whole night between two busy days. The visiting nurse who has not her own comfortable home to go to for rest is a woman who has my keenest sympathy.

All this may seem to have a pessimistic note in it, but still I think the real truth should be known. I am not by any means a pessimist—quite the reverse—yet I am convinced that it is unwise for a nurse living alone in a city, and in a boarding-house, to try to do this work. A woman who is at home with her own people can make ends meet because expenses are lighter, and she has a comfortable place to go to after a strenuous day or night; and the greater freedom—for there are many half-days and about eighty-five per cent. of the nights—is worth financial sacrifice if one is tired of private duty.

There certainly is a genuine satisfaction in knowing that one will not be away many hours, and that dread of the telephone bell so familiar to us all is almost unknown.

Another attractive feature of the work is that the visiting nurse does not get the heaviest cases, and rarely a fatal one. This saves a great deal of wear and tear on heart and nerves. And yet, again, the visiting nurse carries much the same burden of anxiety that the physician does, and this all the time, for there are no free Sundays and holidays as there are in district nursing. Indeed, there is not an hour in the whole year, unless she leaves town, when the nurse is secure from a call. Every social engagement must be made with its "if," and should she go to the theatre, she is almost sure to find a call awaiting her return, and must exchange her "glad rags" for working clothes and betake herself to an "owl" car.

To refer again to the financial end of the work, upon which, in the last analysis, its success or failure depends (at least, from your landlady's point of view), there are few losses—and rarely over five dollars, when they do come, for all the bills are small, seldom over ten or twelve dollars being collected from one case.

For an odd visit here and there, a charge of one dollar is made. My own schedule I will give, simply because I find that it averages well with all others that I have seen.

Prepare for minor operation, and assist. ....	\$3.00—5.00
Assist during confinement .....	3.00—5.00
Assist physician with office surgery .....	1.00—2.00
Care for patient all night .....	3.00 —
One daily visit after confinement, per week .....	5.00 —
One daily visit for surgical dressing, per week .....	5.00 —

Sometimes it is necessary to charge less than the minimum, though this cannot be done often, for there is no virtue (at least, I can see none) in working for less money than it costs to live. A great many visits could be made for fifty cents—probably more for twenty-five—and should some charitable society buy up a certain part of the time of a visiting nurse, so as to permit of this class of work being done, I am sure that it would be a great power for good in the community. By way of illustration: Four visits make a good day's work in busy times (and we have our dull seasons, just as physicians do). Should the work be done upon such a sliding scale of charges as to result in an arrangement of fifty cents a visit, two dollars will have been collected. One must be spent for room, board, laundry, and telephone service; twenty-five cents for luncheon



(hurriedly taken at a restaurant, between calls, and it is poor economy to eat too cheap lunches); at least five car-fares before finally reaching home. A balance of fifty cents is left. If only three visits were made, then what? Clearly the work cannot be done for fifty cents, to say nothing of twenty-five; and this means that a large class of people are still uncared-for, unless the nurse is partially salaried, and I do not know of one such. The visiting nurse is practically forced to do most of her work among people in what we call moderate circumstances, and even then I have still to meet the visiting nurse who does not have to make an occasional excursion into the private duty field to help out her income.

My records show work done in the families of grocers, dentists, street-car conductors, letter carriers, railroad men, barbers, clergymen, florists, credit men, and clerks of all kinds. This makes the work clean and pleasant, very different from much of that which falls to the lot of the district nurse, who, however, has the advantage of a sure income and shorter and fixed hours.

A few suggestions to one wishing to take up the work may be helpful. First and most important of all, no unpopular or unsuccessful nurse should attempt it. Personality is an important item, and even a more ready adaptability than will do for private duty. Get a little money saved up before starting, then go to those doctors who know you best and talk your plan over freely and frankly. Family physicians will help you most. Great surgeons and the specialists have little need of you. Get out a card with schedule of fees, also a circular letter, clear and lucid, so that the people will understand it, and send this freely to all kinds of people whom you know or know of. This is perfectly in keeping with nursing ethics, for you are introducing a new thing in your town and are simply announcing it.

Live, not necessarily in the centre of things, but on a good car line. Accurate and reliable telephone service is indispensable. Try to have the members of your local association talk about you and your work to their patients and to doctors. Get yourself advertised by your loving friends, if you can, and then arrange a cheerful and prosperous expression upon your face, and sit down and wait for cases (as a young doctor does).

When finally they come, be prompt, be conscientious, try never to leave a case until you are satisfied with your own work; then, having done your best, don't worry. Do not be too frank about owning that you are hard up. The common run of people are likely to measure worth by your financial success.

Occasionally post your card again to some physician who seems

to be forgetting you. Each field will have its own peculiar problems, and each nurse must work them out for herself in her own way.

Lest my frank statement of the problems of the work should deter any interested nurse from taking it up, I will say in closing that after seven years of visiting nursing I still love it and enjoy it. It is immensely interesting—indeed, fascinating; it certainly has great educational value, and it meets a real need. Were it more of a financial success, I think it would be difficult for anything less alluring than Cupid to tempt a visiting nurse from her chosen field.

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#### THE TIMID NURSE

I HATE to go, and I hate to stay.  
If I stay, I don't pay my way;  
If I pay my way, I do not stay;  
And then I'm apt, to my dismay,  
To meet with folks who don't say "Good day,"  
Because they are proud or too *distrain*;  
And they feel that I am in their way,  
Or don't do enough to earn my pay—  
Tho' I work quite hard both night and day;  
So I really think it does not pay  
To be a trained nurse, any way.  
But when I wait, I always pray  
A case may come without delay;  
And when it comes, altho' I may  
Have waited long and many a day,  
"I wish," is what I always say,  
"They'd waited just another day."

"PROCRASTINATION"

**RURAL NURSING**

By L. L. DOCK

Not long ago, in the mountain region of Pennsylvania, I had an interesting glimpse of the mutual aid of country people in time of illness. The patient was an old man of eighty-three, quite a character, and well-known and respected in all the country round. His wife and grandchildren took the brunt of nursing (as they understood it) and all the housework, and every night, for nearly two weeks, the men of the community took turns in "sitting up." They seemed to arrange it among themselves, as one of the incidental obligations of neighborliness, and the family, to my belief, had no anxiety on the subject. Every night a different one appeared, until the round had been made, and then it began again, so long as the necessity lasted. The men were wood-cutters, mountain rangers, etc., and did their day's work as usual, coming on duty about nine o'clock.

Of course nursing in the skilled sense was quite non-existent; yet when the patient wanted anything or when anything needed to be done there was some one there to do it, and the results were really very good. These big fellows lifted and assisted the patient very gently and efficiently, restrained him when he was delirious, and gave medicines with a fair amount of regularity. Their presence gave a decided sense of security to the isolated family, and when they came in in the late evening they brought a certain fresh energy with them.

Alas, that in a mountain region of the purest and most delicious air there should be the same old fixed prejudice against open windows. All tight shut, some even nailed—such is the night habit of country dwellers. I would much like to know what the weird bogie is that inhabits the night air, but from the settled convictions of the people it might be something immoral. The boast of virtuous pride in times of sickness, "I never took off my clothes for two weeks," is often literally true in the country. It was true of the old grandmother. She would have considered it a heinous offense, quite incompatible with decent feeling, to have undressed and gone to bed while the old gentleman was ill.

But what a total, primitive ignorance of the true nature of illness! By day, all of the sympathetic visitors crowded into the little sick-room and sat close around the old man's bed. To have done otherwise would have been hard-hearted and unsympathetic. And, in fact, the patient liked it, and grumbled when the doctor forbade it because it made him worse. Then, when he was wildly delirious,

jumping out of bed and dashing the medicine to the floor, the old wife was shocked and puzzled at his unwonted behavior. "Ain't that too bad! I never did see father behave like that before!" and as soon as consciousness returned the old gentleman was remonstrated with for his obstreperous conduct.

Nature does many wonderful things, and after a comatose night, stertorous breathing, and pounding pulse; after a later night of delirium, Cheyne-Stokes respiration, picking at the bed-clothes, and various other such manifestations, she got this old gentleman of eighty-three finally happily out of bed, and sent him driving across the mountains.

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### NURSING IN OLD MEXICO

By OLIVE PURVES

Superintendent of Nurses, American Hospital, City of Mexico

THE work and social standing of the graduate nurse are as yet but imperfectly apprehended by the public in old Mexico, and for this reason it is still an easy matter for the untrained and ignorant woman to find employment in caring for the sick. It is, at the same time, a good deal of a struggle for the educated nurse to obtain the professional and social recognition accorded her in her own country.

There are at the present time twenty-four graduate nurses doing private duty in the City of Mexico, three of whom are men.

Existing conditions in regard to the care of the sick are the inevitable result of the fact that for generations this responsible duty was relegated to women of the "Sairey Gamp" type—women of no education and of questionable habits and perhaps more questionable morals. Progress is being made, however, in the education of the public in this matter, though there are yet many families who will employ an unskilled woman and pay her the same price as that asked by a trained nurse—five dollars gold per day. The following incident will demonstrate how low are the standards.

The wife of one of the leading medical men of the city became interested in the widow of a plumber, and, wishing to aid the bereaved woman, suggested to her husband the propriety of giving the widow some nursing to do. The doctor in question consequently recommended his wife's protégée to a brother physician, who placed the woman in charge of an operative case. The day following the operation the patient questioned the nurse concerning her temperature, and was frightened nearly into fits when informed that it was 40 C.

(104° F.). The quasi-nurse reassured the patient by telling her that she "did not consider that *anything* of a temperature. Indeed," she went on to say, "my patients often have a great deal higher fever than that!" When the husband came home he also was very much alarmed, and insisted that the nurse verify her observation by taking the temperature again. Again it was found to be 40 degrees C. Later the doctor came, and could see nothing in the patient's condition to indicate so high a fever. He at once used his own thermometer, and found the temperature normal! Nobody concerned seemed to mind the fact that the nurse had made so grievous a mistake, as she was not only retained on that case but was kept busy with subsequent ones. The value to both doctor and patient of accurate and intelligent observation does not seem to be appreciated by any class.

For general work the private nurse receives five dollars gold per day. Contagious and obstetrical cases command from seven and a half to ten dollars, but it must be remembered that the cost of living is much higher here than at home, which more than balances the greater compensation for work.

If buildings and equipment can make a hospital, then does the City of Mexico boast of having one of the finest hospitals, if not the very finest, in the world. The new General Hospital is a model. It has accommodations for more than a thousand patients, with every provision for the segregation of all classes of patients. It has been in operation for not more than a year, and during the last few months has started a training-school for nurses, with an American graduate nurse as superintendent, who has also an assistant from an American training-school. The entire idea of preparing young Mexican women to be self-supporting is so new to these people that the work is peculiarly difficult. The early home training of the girls has not been such that they enter the school prepared to profit by the special advantages to be found there. The work must begin at the very foundation, and not only new habits of living and thought must be taught, but the old ones broken up and a totally new point of view substituted. Like all pioneer work, it is slow, and often discouraging and seemingly hopeless.

The American Hospital is older than the General, and employs graduate nurses to care for its patients.

A nurse sees much the same diseases here as at home. The one unique experience is in caring for true typhus fever, a disease almost unknown in countries where any attention is paid to sanitation and the most elementary principles of hygiene. While typhus and small-pox are about equally prevalent, the former is much more feared by

the natives. It is endemic, but cases are more numerous and serious during the rainy season than at other times of the year.

The onset of the disease is sudden, with alternate chills and fever, headache, distressing pains in the back and limbs, loss of appetite, sometimes vomiting, great prostration, restlessness and sleeplessness, the intensity of the infection making these symptoms more or less marked. Foreign physicians often find difficulty in making a positive diagnosis of the disease in its early stages, so nurses often have a good chance to watch its onset and early development. We have here at the American Hospital a typhus isolation ward, to which all cases are sent as soon as they are recognized. A special nurse is put in charge, and after that nothing is seen of the case until its termination.

In some ways typhus fever resembles typhoid. The appearance of patients in the second week of the former fever suggests the third week of the latter. The condition of the tongue, moist in the early stages, later becomes like the typhoid tongue, dry and brown, and often cracked. There is the same restlessness, sleeplessness, and delirium, or perhaps coma, or coma vigil. During the first week there is a general venous congestion of the face and conjunctiva, and a dull, apathetic expression. Retention of urine is one of the early as well as one of the latest symptoms. The characteristic "mulberry rash" appears from the fourth to the seventh day and is constantly present, varying in its extent, and appearing in irregular roundish patches, not unlike the eruption of measles. The pulse is feeble, the respiration shallow, and the skin clammy. The temperature rises rapidly after the onset of the disease, and reaches its maximum height between the fourth and seventh day, when it ranges from 104° to 106° F. For about ten days the fever remains steadily high, after which there are morning remissions. About the fourteenth day the temperature breaks, and may fall suddenly or the disease may terminate by lysis like typhoid. As may be supposed, this crisis is the time when the greatest watchfulness is necessary, and failure on the part of a nurse to realize the true condition may cost a life which would otherwise have been saved. The treatment consists mainly in an abundance of fresh, *clean* air, heart stimulants, intestinal antiseptics, and just as much good nursing as the most intelligent and conscientious nurse can give.

There seems no certainty as to the means of transmission of the contagion, though it is thought to be from the emanations from the skin of the patient, vitiating the contiguous air, and the bed and body clothing. A Mexican physician told me that the greatest danger for a nurse lay in the inhalation of the impure air, and on this point all



doctors seem to agree. Nurses and other attendants are enjoined to keep all doors and windows open, and, while keeping the patient in plain sight, to sit outside of the immediate confines of the sick-room. If these directions are faithfully followed, there seems but little danger to one nursing this terrible disease.

### THE TRAINED NURSE IN THE PUBLIC SCHOOLS, AS A FACTOR IN THE EDUCATION OF THE CHILDREN\*

By S. W. NEWMAYER, M.D.

Philadelphia

(Read at the meeting of the Medical Society of the State of Pennsylvania, held at Bedford Springs, September 11-13, 1906.)

MEDICAL inspection in the public schools is not a new or modern innovation. As early as 1843, in Paris, the public schools were required to have a physician visit them, to inspect the buildings, and the general health of the children. And even ten years previous to this, a crude inspection was practised in the same city. In 1884, a more thorough system of medical inspection, with explicit duties for the physician, was inaugurated. This same year saw the dawn of the first systematic medical inspection in America, when the city of Boston employed fifty inspectors, each to have charge of a school district. Boston's excellent example was followed in 1895 by Chicago, in appointing nine inspectors, each in charge of thirty schools. In New York City, one hundred and forty-five physicians were appointed in March, 1897, to visit the schools daily. Since that time Philadelphia, Hartford, Milwaukee, Salt Lake City, Baltimore, and other cities have adopted similar inspections.

At first the principal object of the inspections was the detection of unrecognized cases of contagious diseases, by which means it was believed much could be done to prevent their further spread. Since, however, the scope of the work has widened greatly, and the benefits derived therefrom are numerous. For one to appreciate the value of the trained nurse in the public schools and as a factor in the education of the children, I must give a brief résumé of the benefits of medical inspection.

Of no small importance is the sanitary inspection of the public school buildings. About twice a year every school is inspected thoroughly as to its cleanliness, heating, lighting, ventilation, air-

\* Reprinted from the *Pennsylvania Medical Journal*.

space, etc. All defects are entered on a special report, and these are recommended to the Bureau of Education for its consideration.

Cases of contagious disease cannot remain long enough in the school-room undetected to do much damage. Thus epidemics of scarlet fever, diphtheria, measles, and chicken-pox are prevented. Children who are sick, apparently not sick enough to remain at home, but who oftentimes are in the early stages of a contagion, are excluded, and the harm prevented can never be estimated. Sore throats are immediately cultured, and diphtheria early diagnosed. Discharging ears following recovered cases of scarlet fever or diphtheria, and sometimes as virulent in spreading these diseases as the diseases themselves, are oftentimes detected and children excluded. Every child is personally examined for its vaccination mark, even though it presents a certificate for successful vaccination. This may seem strange, but there were found in the public schools of Philadelphia over three hundred children possessing such certificates from physicians, but who never had a successful vaccination. As the result of a conference between the Bureau of Health and the authorities of the Roman Catholic Church, the parochial schools of Philadelphia were gone over, to examine the vaccinations of the children. Of 36,300 children inspected, 1,700 were found never to have been vaccinated, or whose vaccination marks were of doubtful protective value. It is needless to picture what this means in preventing an epidemic of smallpox. By also having charge of the contagious diseases occurring in his ward, the medical inspector can systematically and closely follow the exclusion from schools and the return of the children from houses containing contagious diseases. There is also less likelihood of having unreported cases of contagious diseases, as in the case of no physician being in attendance on the case. You may think that children suffering from contagious diseases being sent to school occurs only among the poorer, uneducated classes. No, it is no uncommon occurrence in our best schools. It is not only the poor or careless parent that allows a child to undergo the strain of schooling without being in good health, but oftentimes grave defects of vision or hearing, adenoids, etc., are found in the children of the most exacting parents, due to their being unsuspected.

Besides the detection and exclusion of contagious diseases, of no small importance are the recommendations for treatment in all defects of vision, hearing, diseases of the eye, nose, throat, and skin, and orthopedic defects. By the correction of many of these defects, a dull, stupid child is transformed into a bright, keen, intellectual scholar, and the child assured a new and bright life. It has been

estimated in most cities where medical inspection is practised that twenty-five to thirty-five per cent. of school children suffer from defective vision. With medical inspection it is interesting to note the difference in the personal hygiene of the children. Cleanliness is impressed on them, and cases of pediculosis are sought out, and the clean child protected from a neighboring vermin-covered one.

With this résumé of the benefits derived, and a glance at the accompanying statistics of the work accomplished in Philadelphia by the medical inspectors, I desire to go more into detail of the work of that most important adjunct to medical inspection, the school nurse. Although Philadelphia has fifty medical inspectors, each in charge of a school district, we have but one school nurse. This nurse, Miss Anna L. Stanley, was kindly loaned to the city by The Visiting Nurse Society to show the great value of the trained nurse in this important work. In October, 1903, together with this trained nurse, I was detailed by Dr. Edward Martin, the director of The Bureau of Health and Charities, to begin a systematic medical inspection of one of the down-town schools. A large number of cases of contagious skin diseases, together with several hundred cases of pediculosis, were found. Most of these cases were treated by the nurse, and, at the end of four months, remarkable results were shown. The contagious skin diseases were eradicated from this school, and the number of cases of pediculosis was greatly reduced.

In April, 1904, the schools of the fourth section, five in number, were assigned to the nurse. A well-organized system was worked out and closely followed. The nurse visits the schools daily, three in the morning session and two in the afternoon. The medical inspector diagnoses and excludes from the school cases of contagion, and recommends for treatment children suffering from various ailments. Written instructions as to the disposal of each case, treatment recommended, or whether the case is to be visited by the nurse at its home, are left at the office of the principal. The nurse each day obtains from these offices the instructions. She follows up each case, and sees that the instructions and recommendations of the physician are brought to a speedy and successful termination. In each school a small room is set aside for the work of the nurse. Here she has a drug closet and all necessary supplies. Where necessary she visits the homes of the children to give treatment and instructions and obtain the coöperation of the parents, thereby assuring success and more permanent results. Sometimes circumstances make it necessary for the nurse to personally take a child to the dispensary for treatment. These home and dispensary visits are made after school hours and on Saturdays. There are various problems to be solved in each case, and the nurse

invariably finds the remedy. The duties of the school nurse assure success to the work of the medical inspector in improving the health of the school children. She lessens the number of exclusions from the class room for minor contagious diseases. She sees that all excluded cases are placed under treatment as soon as possible, so there shall be the least possible loss of time from school and education. She treats those cases which would for various reasons receive no attention at their homes. The medical inspector recognizes and excludes from the school cases of contagion, and recommends for treatment children suffering from defects that hinder them in their studies. These cases may or may not receive the necessary attention, but, with the nurse, all uncertainty is dispelled.

The nurse can be used during the summer months, when there is no school, in the lessening of the great mortality rate among infants from summer diarrhea, due mainly to improper care and feeding. Again, she can aid materially in the campaign to lessen the number of cases and spread of consumption.

The following is a report of the work of the trained nurse in the schools of the Fourth Section:

	For the Year 1905	From Sept., 1905, to June, 1906
Schools visited.....	6	5
Scholars in attendance.....	6600	4800
Visits to schools.....	707	656
Old cases treated.....	6692	3863
New cases treated.....	1708	907
Total number of cases.....	8400	4770
Cases cured.....	993	781
Taken to dispensaries.....	118	49
Visits to dispensaries.....	212	97
Cases treated at homes.....	476	342
Visits to homes.....	884	533
CASES TREATED AT SCHOOL.		
Pediculosis.....	578	249
Impetigo.....	135	98
Ringworm of body.....	52	30
Ringworm of head.....	24	6
Eczema.....	114	85
Conjunctivitis.....	141	126
Stye.....	18	4
Corneal ulcer.....	11	
Discharging ear.....	2	
Favus.....	10	2
Pustular dermatitis.....	9	15
Infected wounds, contusions, etc.....	426	113
Miscellaneous.....	55	55
Defective vision; glasses furnished.....	133	124

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FIG. 1.—Patients waiting for the nurse



FIG. 2.—Photograph showing method of examining a class





FIG. 3.--The trained nurse at work



FIG. 4.—A bad case of ringworm of the scalp, which received no treatment until detected by the medical inspector. Soon cured by the nurse at school

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## NURSE'S VISITS TO HOMES, FROM SEPTEMBER, 1905, TO JUNE, 1906.

Disease	No. of Cases	No. of Visits	No. Cured
Defective vision.....	138	172	124 procured glasses
Scabies.....	8	25	8
Favus.....	2	19	2
Acute conjunctivitis.....	5	30	4
Discharging ear.....	4	7	4
Not vaccinated.....	12	12	12
Pediculosis.....	121	143	78
Pustular dermatitis.....	14	25	14
Uncleanliness.....	19	27	19
Congenital deformity.....	1	3	Admitted to Widener Memorial Home
Ringworm.....	5	29	5
Improperly nourished.....	13	22	Proper nourishment obtained

## CHILDREN TAKEN TO DISPENSARIES.

Disease	No. of Cases.	No. of Visits.
Defective vision.....	41	63
Favus.....	2	7
Acute conjunctivitis.....	3	14
Scabies.....	3	13

In explanation of the above report of the work of the trained nurse I submit the following: The percentage of pediculosis existing in these schools when the nurse began work in April, 1904, was thirty per cent. This has since been reduced to eight per cent. Most of these cases were absolute cures, as the disease has not recurred in the same scholars. This is mainly due to the influence at the homes by the nurse. There remain very few cases of ringworm and impetigo, which at first were prevalent in large numbers. Conjunctivitis and corneal ulcers received no attention from the parents, and were treated only after the children were taken in charge by the nurse. They were soon cured and the children able to resume their studies. These cases included several in which corneal ulcer threatened the sight. Weak, anemic children, unable to work or study, due to impoverishment from improper or no food, were visited in their homes, and the existing difficulties, whether extreme poverty, sick or drunken parents, corrected. Over two hundred children with bad, defective vision were treated and supplied with necessary glasses only through much persuasion and the persistent efforts of the nurse. This often required many home visits.

The following report shows the effect of the nurse's work on the

education of the children, for the term from September, 1905, to June, 1906, Fourth Section.

Number of Scholars exempt from examination .....	2433
Number of Scholars non-exempt from examination .....	2208

RECOMMENDATIONS FOR TREATMENT OF CHILDREN NOT EXCLUDED BUT ATTENDED  
BY THE NURSE IN THE SCHOOLS.

	Exempt.	Non-exempt.
Defective vision, glasses obtained.....	101	23
Impetigo.....	51	42
Ringworm.....	31	11
Acute conjunctivitis.....	63	35
Pustular dermatitis.....	8	0
Pediculosis.....	230	175
Minor ailments.....	134	122

In the above statistics, you will notice that the total number of non-exempt scholars in the section is about forty-seven per cent. But the children suffering from physical defects, not excluded but attended by the nurse at the schools, show a large percentage in favor of the exempt scholars. This is particularly noticeable in the cases of defective vision, furnished with glasses through the efforts of the nurse. Similar results are shown with the other defects.

SUMMARY OF WORK PERFORMED BY THE MEDICAL INSPECTORS IN THE  
PUBLIC SCHOOLS.

	During 1905	From Sept., 1905, to June, 1906
Total number of schools visited.....	315	316
Total visits made to schools.....	51,412	53,344
Total number of pupils sent to inspector.....	74,524	90,569
Individual examinations.....	141,303	133,021
Total number of pupils examined.....	215,827	223,590
<i>Pupils excluded</i> .....	7,598	8,722
<i>Pupils not excluded but requiring medical aid</i> .....	27,481	33,283
Pupils vaccinated.....	3,017	3,321

The above reports show the remarkable results of medical inspection. But it requires the trained nurse to lend assurance that the advice given by the physician, in the cases he patiently examines day by day, is not thrown away. She enables the physician to leave at school many cases which would otherwise be excluded and lose time from education. Recommendations for treatment are attended and practical results obtained.

There are about twenty million school children in the public schools of the United States. Surely this is a sufficient population to cause some concern to be taken in regard to their physical condition. At present a small percentage of this vast army is looked after. It

is in childhood and school days that the child is more susceptible to the infectious diseases—scarlet fever, measles, diphtheria, chicken-pox, etc., as likewise the contagious skin diseases. The school-room is a great factor in the spread of these contagions.

Education is a necessity. We realize this, and formulate laws for compulsory education, and whether this education is sought or forced, we must offer one free from the danger of contracting disease. Ofttimes a child has physical ailments which would disable him from accepting an education which we desire to force upon him. We should not offer or force a mental education until we have provided a physical capacity to accept such mental strain. The medical inspector has accomplished much, but only with the trained school nurse, and her individual care, personal inquiry, and knowledge of home life, is the highest degree of efficiency in education procured.

## TUBERCULOSIS FIGHT TO BEGIN AT THE CRIB

By H. J. GERSTENBERGER, M.D.

Attending physician at the Family and Children's Clinic of the Tuberculosis Dispensary; also at the Infants' Clinic of the Milk Fund and Visiting Nurse Associations, Cleveland, Ohio.

THE general care of children in the prevention of tuberculosis is, to my mind, the most important one in the fight against this disease. Medically, it is ideal to resort to preventive medicine, and especially to preventive medicine which begins at the birth of the child. Until recently the fact was not generally recognized that most infections date back to childhood. When V. Behring announced in his article, read before the Naturforscher Congress in Cassel, 1903, that the "infants' milk" was the main source of infection (in his own words: "*Die Sauglingsmilch ist die Hauptquelle fuer die Schwindsuchtsentstehung*") he was most vehemently opposed by practically all authorities. Years before him, a few men had fought for the recognition of the same fact, but without creating sufficient reaction among the medical authorities; so V. Baumgarten always preached the heredity of tuberculosis. In 1894 Wolff wrote a clinical study of tuberculosis, and very plainly stated that all cases were infected in childhood; that the prominence of the disease a few decades later was due to influences which had brought the tubercle bacillus out of its latent state into one of marked activity. When one has read Wolff's book he receives his impression as if V. Behring had simply copied the former's views; this, of course, is not the case. It simply demonstrates

that it requires a man of supreme influence and authority, as V. Behring is, to cause hundreds and thousands of men to begin experiments and researches to ascertain the correctness of his statements; and this was the effect of V. Behring's address at Cassel. Since then there have been many publications, always more and more admitting the essence of V. Behring's work: namely, that tuberculosis begins at the crib. Behring says: "*Die Lungenschwindsucht ist das Ende vom Lied das dem Säugling an der Wiege gesungen worden ist.*"

So the fight against the so-called White Plague must also begin at the crib, if we are to master this destructive disease. The general outline of our campaign must be: 1st, to prevent the infection—that is, the entering of the tubercle bacillus, the germ which causes consumption, into the human body; 2d, to prevent the lowering of the vitality and general resistance of the human body, which must necessarily exist, if the tubercle bacillus is to develop consumption. In order to readily and intelligently understand how to apply preventive medicine in these two instances, we must first know the sources of the tubercle bacillus, and how it is spread; secondly, by which means and through which openings it enters the body; and, thirdly, how the general vitality is lowered.

By far the most important carrier of the tubercle bacillus is the sputum of open cases of pulmonary tuberculosis. An open case is one in which a disease area communicates with the outer world, as, for instance, a cavity which opens into a bronchus. This is a branch of a larger bronchus, which finally ends in the trachea, and the latter again opens, roughly speaking, into the throat and mouth, and so into the outside world. So, if in this cavity or diseased area there is any secretion containing tubercle bacilli, these organisms are theoretically already in contact with the outer world; but practically not until they are brought up with the sputum by a cough or sneeze, and spat upon the ground or floor, etc.

The careless disposal of such expectoration is the most general source of the tubercle bacillus. If we could successfully check this habit we would have the disease quite under control. In tuberculosis of the larynx, throat, and mouth, the spittle is also a means by which the germ is brought into contact with other parts of the body. The stools are infectious in intestinal, and the urine in kidney and bladder, tuberculosis. The number of infections occurring from these sources is at present considered small in comparison with the above named.

Another very important source of infection is tuberculous cattle, especially diseased dairy cows. Enormously high percentages of the latter have been found positive; in some herds the figures nearly



reach one hundred per cent., in most at least sixty per cent. Reports that fifty per cent. of the infected dairy cows have tubercle bacilli in the milk will impress every one with the severity of the danger. To be sure, Koch, the German professor who discovered the tubercle bacilli in 1882, claimed in 1901 that the bovine tubercle bacillus could not cause tuberculosis in human beings. But, according to the latest reports issued by the German government laboratories, experiments since then have proved that this is not so. Also, the organs of these animals have areas of the disease which in some cases might not be recognized by careless inspectors, butchers, and cooks, and so might easily be prepared for the table without necessarily destroying the life of the organism. These are then the most important sources of infection to the human being after birth. Before birth the child may have either what we term congenital or hereditary, due to infection either from the father or the mother. Recent reports seem to show that a high percentage of tuberculous mothers bear tuberculous children.

Now, the tubercle bacillus makes its entry into the human body by one or more of three ways: firstly, through the alimentary tract; secondly, through the respiratory tract; and thirdly, through the lymph and blood system. Examples of the last mentioned are the rubbing of dirt contaminated by the organism of consumption into sores on the face by children, or by getting tubercle bacilli in one's mouth from a cup used by an open case and having an injured area on the tonsils or elsewhere in his throat; from these entrances the tubercle bacillus would be carried by the lymph to the next lymph gland and from there to further lymph glands, in this manner giving us the picture of scrofula, which is nothing more than an infection of glands by the tubercle bacillus.

Infections by way of the respiratory tract are accomplished by the inhalation of the germs either in dust or in the coughed up spray of mucus coming from an open case. This mode until recently has been considered by far the most common entry of the tubercle bacillus, because the lesions of the bronchial glands and lungs are usually the greatest. Infections through the alimentary tract result from swallowing foods and liquids containing either the bovine tubercle bacillus, or the human, or both, as is often the case with milk. Because the market milk, which in many instances, as mentioned before, already contains bovine tubercle bacilli, has, immediately after it leaves the animal and before it is fed to the baby, so many opportunities to be contaminated with the human tubercle bacilli by infected and dirty milkers, milkmen, grocers, and mothers, and because it is practically

the only food taken by the child, and so acts as a wash-down for any germs which may be in the mouth and throat before nursing—because of all these facts Behring claims, and others are proving the correctness of his findings, that milk is the main carrier of tubercle bacilli, and the alimentary tract the main entrance for them into the human body.

Before I take up the real subject of this paper, the preventive care of children, I wish to remind you of a few conditions which tend to lower the general resistance of the body and so enable the germ to take a firmer hold. First, poor food and faulty feeding; second, poor sanitary surroundings, as small, dirty, badly ventilated, overcrowded rooms; third, lack of bodily cleanliness; fourth, lack of sufficient clothes or the contrary—too many dirty, filthy blankets, etc.; fifth, various diseases, as measles, whooping cough, influenza, typhoid, bronchitis, adenoids; sixth, overwork, as that of children in factories.

Now, how are we going to prevent children from getting tuberculosis? Some one might say: "Very easily: get the tubercle bacillus out of the world by educating the people not to expectorate except into paper napkins and cloths which can be destroyed after they are used, and force the farmers to have cows free from tuberculosis." The latter might some day be accomplished; but to my mind it will be impossible to educate the people to such a point as to exclude all possibility of spreading the germ of consumption about. Simply from this very fact, you will have to conclude with me that one must, of course, try to lessen the chances of infection, as, for instance, by having hospitals for needy patients who are beyond the chances of recovery, and who are a menace to their general surroundings, and try to educate the public generally to be more careful with the disposal of their sputum, whether they are healthy or not; but the main endeavor, under the circumstances, must be to try to keep the body in as healthy a state as possible in order to resist the tubercle bacillus in getting a hold in the human body, and, if it is securely located, to check its further mischief.

This is the key to the whole situation, and we begin immediately at the birth of the child with the most effective weapon: namely, the intelligent use of the mother's breast. Salge says: "*Jeder Monat, jede Woche, jeder Tag, an dem der junge Saugling Muttermilch bekommt, gibt ihm Staerkung der Widerstandskraft fuer den Kampf um ein junges Dasein, wie sie keine andere noch so schoen herausgekluegelte Naehr-methode ermoeeglicht.*" There is a small percentage of mothers who cannot nurse their children, either because they have tuberculosis or have an insufficient secretion of milk. It is, however, a most

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deplorable fact that the number of deficient breasts is much smaller than the percentage of mothers who claim, as they say, that they have not enough nurse.

So our ideal is to nurse the babe, and to nurse it intelligently. Do not overfeed it; this is about the only important manner in which the natural food can be of harm to the child.

If a mother really cannot nurse her child, she must, of course, resort to artificial feeding, and here quality, quantity, and cleanliness are the passwords. We must demand that the babe gets milk that comes up to the necessary requirements, as, for instance, to those of the local Milk Commission; namely milk from tuberculin tested cows, and having a bacteriological count, at the highest not above 30,000 per c.mm. Through the endeavors of this Milk Commission, our city (Cleveland, Ohio) has been provided with such milk. It is the Canfield certified milk, and is the only milk which ought to be used when the mother's breast is not available.

After the child has successfully passed the first year, the quality of the food is of much less import. Among the poorer classes, the deficient quantity plays a more important part. Through the endeavors of the Milk Fund and Visiting Nurse Associations, an Infants' Clinic has been established at the Central Friendly Inn for the poor in this and neighboring districts. Necessary instructions and milk are, of course, given to the sick children; but the main object of this clinic is to get the mothers to bring their babes before they are ill, and learn how to feed their children intelligently as they grow older. This is preventive medicine in the true sense of the word.

To change poor sanitary surroundings, such as small, dirty, badly ventilated, overcrowded rooms, to stop overwork in factories, to impress the importance of personal cleanliness, and, by doing these things, to lessen the spreading of infectious diseases, we must resort to two methods: first, the betterment of the financial standing of the families, and second, the education of the children at the schools—for many parents are too ignorant to give their children the right kind of advice. Another means of doing away with the above-mentioned conditions, which I nearly forgot to mention, would be to enact a law requiring the erection of sanitary homes—sanitary as to space, light, air, sewerage, etc.—and, what is just as important, to have this law enforced. In the meantime we must teach the children to sleep with open windows and keep out of doors at least a number of hours each day. They are to frequent the public bath houses, playgrounds, and parks, and in this manner keep out of their dungeons at home. During the summer almost every child, but especially those of the

poorer classes, ought to be sent to the country, as has been done during the last summer by the various charitable institutions of the city. Children of tuberculous families ought to be examined by a competent physician for the presence of this disease, whether they are healthy or not. This work has been done since November, 1905, at the Family and Children's Department of the Western Reserve Tuberculosis Dispensary, and till now three hundred and sixty-three have been examined, of which seven per cent. are positive and another seven per cent. suspicious.

Now, to lessen the chances of coming in contact with the germ of consumption, children are to be taught to bring nothing that may have in any way been contaminated with the tubercle bacillus to their mouths or to any sores; especial care is, of course, to be taken if a member of the family has tuberculosis. The latter should sleep alone, use separate dishes and towels, and dispose of his sputum carefully. As soon as any child coughs for any length of time, has night sweats, is easily fatigued, etc., he should be brought to a physician for examination. Those parents who are able should have a separate play-room for their children, and, what is better, put a clean sheet on the floor of the same each day if a creeper is in the house. This would give less opportunity to the child to bring contaminated material to its mouth. The bad habit children have of putting their fingers, pencils, gum and candies which others have already tried, into their mouth, and many things more in this category, should not be allowed.

These few remarks, I hope, will, on the one hand, impress you with the severity of the dangers confronting the baby if we are negligent, and at the same time, on the other hand, impress you with the great possibilities given to us to preserve the health of the infant in many instances. This means less tuberculosis.

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LIVES of great men all remind us  
We can make our lives sublime,  
And, departing, leave behind us  
Footprints on the sands of time;—

Footprints that perhaps another,  
Sailing o'er life's solemn main,  
A forlorn and shipwrecked brother,  
Seeing, shall take heart again.

LONGFELLOW'S "A PSALM OF LIFE."

## Susan B. Anthony Memorial Association

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THE name of Susan B. Anthony will stand in history on the roll of those who have given themselves to the uplifting of humanity.

With singleness of purpose and self-effacing devotion she consecrated sixty years of her life to efforts to improve the condition of women. She labored to secure their natural rights as mothers and their property rights as citizens; to enable them to enter the industries and professions; and to open the doors of colleges and universities and thus give them the advantages of higher education. These efforts were crowned with a large measure of success. While not all sympathize with her endeavor to secure for women equality of political rights and duties with men, every one must recognize and honor her as a great leader in the movement of this last half-century, which has brought such emancipation and enlargement of opportunity to woman's life. The womanhood of the world owes a heavy debt to Susan B. Anthony and her co-workers.

This debt we would pay in part by erecting in her honor an "Anthony Memorial Building" for the use of women students at the University of Rochester, her home city. Miss Anthony's deep and active interest in the opening of this college to women led to intimate relations between her and these students, and makes it peculiarly fitting that such a building should be her monument of service. Among the friends whose counsel resulted in this

MISS LILY A. LONG  
St. Paul, Minn.

MISS ANNE F. MILLER  
Geneva, N. Y.

MRS. EVA PERRY MOORE  
St. Louis, Mo.

MRS. MARY E. MUMFORD  
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MRS. LILLIAN C. STREETER  
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Washington, D. C.

MRS. LYDIA C. WARD  
Chicago, Ill.

MISS RODGERS-CUNLIFFE  
London, England.

(Other names to be added)

choice were her sister Mary, and her other executors, Lucy Anthony and Anna Howard Shaw, who feel that no permanent memorial could be more in accord with Miss Anthony's life purpose.

It is estimated that a suitable and well equipped building could be erected for seventy-five thousand dollars. To secure that amount a Susan B. Anthony Memorial Association has been formed. Auxiliary committees are to be organized in other cities. While large subscriptions will be welcomed and will certainly be needed, it is hoped that many thousands of grateful women who can give but little, and of men as well, will wish to share in this undertaking. If every one who honored and loved Miss Anthony would take one of the little books of coupons prepared by the Association and secure the few subscriptions there represented, the task that now looks great would soon be joyfully accomplished. Will you help?

Address all inquiries to Miss Charlotte P. Acer, Corresponding Secretary of the Anthony Memorial Association, P. O. Box 366, Rochester, N. Y.

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If you could go back to the forks of the road,—  
Back the long miles you have carried the load;  
Back to the place where you had to decide  
By this way or that through your life to abide;  
Back to the sorrow and back to the care;  
Back to the place where the future was fair,—  
If you were there now, a decision to make,  
O pilgrim of sorrow, which road would you take?



## AN OUTLINE FOR STUDY IN NURSING HISTORY

A NUMBER of requests having been received from Alumnae Associations for outlines of study in nursing history, Miss Nutting begs to refer all such inquirers to this number of the JOURNAL, as press of work makes it impossible for either Miss Dock or herself to respond to each one in detail.

The Society of the Teresians, established in the Johns Hopkins Hospital to study nursing history, took something like this order of study: 1, Origin of Monasticism; 2, Early Sisterhoods in Europe; 3, Early Sisterhoods in America; 4, The Work of St. Vincent de Paul; 5, The Little Sisters of the Poor; 6, The Order of the Béguines; 7, The Hôtel-Dieu of Paris; 8, St. Bartholomew's Hospital, London; 9, Foundling Hospital, Florence; 10, The Knights of St. John of Jerusalem; 11, The History of the Red Cross Movement, in Europe and America; 12, Kaisersworth; 13, John Howard; 14, Elizabeth Toy; 15, Miss Nightingale and Her Work; 16, The Beginnings of American Training Schools.

For useful literature on these subjects it is suggested that the topic under discussion be carried to the largest public library, and the interest of the librarian engaged for looking up references. One will lead to another, and useful books not in hand will often be bought by libraries at the request of readers.

For modern references the following are suggested:

- The Story of Florence Nightingale.....By W. J. Wintle.  
 The Heroine of the Crimea.....London, The Sunday School Union.  
 Florence Nightingale.....By Eliza F. Pollard, London.  
 The Wounded Soldier's Friend.....S. W. Partridge, Paternoster Row.  
 The Life of Florence Nightingale.....By Sarah Tooley.  
     S. H. Bonsfield & Co., London.      MacMillan, New York.  
 In Notes on Nursing, published by William Carter, Boston, 1860.  
     (Two Introductory Biographical Sketches.)  
 Articles in Chambers' Encyclopædia; also Quain's Dictionary of Medicine.  
     " " Great Women Series.....By Sarah Bolton.  
     " " Notable Women.....By Ellen Clayton.  
     " " Fights for the Flag.....By W. H. Fitchett.  
     " " Great Men and Famous Women.....By Lizzie Alldridge.  
 History of the Crimean War.....By Kingslake.  
 Life of Agnes Jones.....By Her Sister.

In all these books references will be found which will guide the student to further sources of information.

For American history, a number of articles have appeared in THE

AMERICAN JOURNAL OF NURSING, from time to time, describing early reforms, and its files should be consulted. The early reports of the New York State Charities Aid Association, Dr. Carlisle's "History of Bellevue Hospital," and the early reports of the oldest training schools, are recommended.

These very brief suggestions, it is hoped, may be useful for the present. One feature of the forthcoming history of nursing will be a full bibliography of all the sources of nursing history.

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"Now Christmas is come,  
Let us beat up the drum,  
And call all our neighbors together,  
And when they appear,  
Let us make them such cheer  
As will keep out the wind and the weather."

THE SKETCH BOOK.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

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**PALATABLE BOILED WATER.**—The *Nurses' Journal* of the Pacific Coast has the following: "Marsden Manson has sent to Dr. James W. Ward, president of the Board of Health, San Francisco, the following recipe for preparing boiled water so as to make it palatable:

"First—Mix the beaten white of one egg in two or three gallons of cold water, then bring to a brisk boil, allow to cool and settle. Decant or syphon off the clear water.

"Second—Dissolve in this one level teaspoonful of bicarbonate of soda; this is equivalent to 35 grains or 3.5 grams; then stir in two-thirds of a teaspoonful of pure hydrochloric acid; this is the equivalent to 3.9 grams. The water is then absolutely safe, sparkling, and refreshing, and entirely devoid of the flat taste of boiled and distilled water.

"The chemistry of this mode is simple. The albumen of the beaten egg is soluble in cold water, and is coagulated into an insoluble form by boiling, and carries down all suspended matter.

"The bicarbonate of soda is converted by hydrochloric acid into common salt, and the carbonic acid is set free in the water, both remaining in solution. The former is tasteless, and even beneficial in such small proportions, and the latter renders the water sparkling."

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**THE TREATMENT OF MALIGNANT GROWTHS BY ANÆSTHETIZATION.**—The *Medical Record*, in an abstract of an article in *Münchener Medizinische Wochenschrift*, says: "Spiess has already published his views on the subject of the influence of anæsthetization on inflammatory processes, and he now applies the same principles to the consideration of malignant growths. In inflammation he holds that the hyperemia is the result of sensory impulses emanating from the affected area, and he believes that malignant new growths are similarly maintained in a state of congestion. This increased blood supply is required for their abnormally rapid growth, and if this can be restricted the nutrition of the tumor will suffer to a considerable extent. A large number of experiments are described

which were performed on mice obtained from Ehrlich's laboratory and presenting various types of malignant tumors. Into the centres of the tumors varying quantities of solutions of several anæsthetic substances believed to be without antiseptic power were injected, with the result that in nearly all instances the growth of the tumor was influenced for the better, and in some cases an actual cure was secured. The author also details the results of similar experiments on inoperable malignant growths in human beings, which, he says, were undertaken mainly for the purpose of ascertaining whether any undesirable effect was produced by the injection. He refrains, however, from any comment on these cases, but states that the subject is to be studied further in Czerny's new institute for cancer research at Heidelberg."

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**DANGER OF WEAK SOLUTIONS OF CARBOLIC ACID.**—Dr. Leo B. Meyer, in an article in the *New York Medical Journal*, urges greater care in the application of even weak solutions of carbolic acid where continuous action is required. It should never be applied to terminal parts, such as fingers or toes, when the amount of tissue between skin and bone is small. Gangrene, dermatitis, or burns, more or less severe, may result from its use. Weak bichloride of mercury, or boric acid solution, is recommended instead.

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**FREEDOM FROM APPENDICITIS IN AFRICA.**—The *New York State Journal of Medicine* says: "Dr. Nicholas Senn has made an interesting observation while visiting the hospitals in towns on the East Coast of Africa. The physicians in those institutions informed him that they had never seen a case of appendicitis among the blacks, and most of these physicians had lived on the coast from ten to twelve years, and had collectively examined thousands of patients. The relaxing effect of climate, laziness, and a fruit and vegetable diet would seem to offer the best explanation of this immunity."

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**TRANSMISSION OF DISEASE BY PETS.**—The *Journal of the American Medical Association* says Remlinger and Nouri of Constantinople have made experiments with cats whose fur was touched with cultures of various bacteria. They found typhoid bacilli still alive and viable up to the seventeenth day after inoculation of the fur. Diphtheria bacilli were viable up to the twenty-fourth day, but were dead by the twenty-seventh, while anthrax bacilli lived and persisted indefinitely. All these germs were found with unattenuated virulence as long as they could be culti-

vated from the cat's fur. The results of similar tests on dogs were approximately the same. The article concludes with the statement that fondling cats and dogs is an antihygienic habit. Until the habit is abandoned for good, at least the hands should be washed with soap and water whenever one of these animals has been touched.

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**A NEW BED LIFT.**—In the number of the *Journal of the American Medical Association* for October 6, Dr. H. H. Janeway describes an apparatus which he has invented to raise a patient from the bed, and which can be easily applied and operated by one nurse. It consists of three bands, one placed beneath the shoulders, one under the hips, and one under the calves of the legs, with a supplementary one for the head. These are attached to a bar, which is in turn fastened by bands and hooks to a crane, swinging on an upright standard inserted in long cross-pieces that rest on the floor. A crank enables the nurse to raise the patient to any height desired above the bed, to change the mattress, or dress a bed-sore, or even to lower him into a bath beside the bed, without much exertion. The apparatus is manufactured at comparatively slight cost by Charles Dressler, 143 East 33d Street, New York, and could be made by any carpenter after the illustrations accompanying the article.

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**THE YIELD OF RADIUM.**—The *Medical Record* says: "It is stated that the radium mines at Joachimstal, in Austria, recently supplied the Vienna Academy of Science with ten tons of uranium ore, and this has yielded a very large amount of radium, which is to be used for research. The mines are being converted into a radium cure resort. A local laboratory for producing radium salts has been established, and the springs are serving as medicinal baths."

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**CHLOROFORM WATER AS A HÆMOSTATIC.**—The *New York Medical Journal* says: "Spaak (*Le Journal de Médecine*) has used for several months chloroform water as a hæmostatic agent. He found it superior to all other styptics, and recognized the following advantages: It acts with marvellous rapidity. It has not the slightest disagreeable taste or odor. It is not escharotic. It is cheap and easily obtainable, and can be made as required. It is not unpleasant to apply, and does not interfere with the surgeon in his operations. The solution he recommends is two per cent., in simple water, as the menstruum."

**FRESH AIR CURE.**—The *Medical Record*, in a report of the meeting of the American Pediatric Society, says: "Dr. Wm. P. Northrup, of New York, read a paper called 'The 23 Cure,' which dealt with living twenty-three hours out of the twenty-four in the open, fresh, flowing air. This was especially beneficial in cases of convalescence from acute illness and in cases of delicate children. The quality of the cold or cooled fresh air was essential. The cold, fresh, flowing air uniformly had certain effects upon young children. They slept better, took and assimilated more food, and rarely did they catch cold. At Sea Breeze, Coney Island, no child had ever contracted pneumonia because of living so long in the open, cool, fresh, flowing sea air."

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**SATELLITES OF ALCOHOLISM.**—Fornet, in *La Semaine Médicale*, claims that there is a large number of substances which produce intoxications that belong to the same order as that produced by alcohol, and these he has denominated the satellites of alcohol. Excitants of all sorts are included under this term, but the ones to which he particularly calls attention are the aromatic liqueurs, coffee, tea, and spicy condiments, the use, or rather the abuse, of which he considers a signal danger.

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**ETHER NARCOSIS BY RECTUM.**—The *New York Medical Journal*, in an abstract of an article in the *American Journal of Surgery*, says: "Stucky is of the opinion that this method of narcosis is especially desirable for operations about the head, neck, and face. The patient passes under its influence more quickly and recovers from it more quickly than by inhalation. The absence of rectal irritation in recent practice has been due (1) to more thorough preparation of the patient, (2) to better quality of the ether used, (3) to improved administration. Before administering the ether the bowels must be thoroughly opened. The ether bottle is immersed during administration in a water bath at 80° to 90° F. (six degrees below its boiling point), the ether is vaporized by air pressure through an afferent bulb and tube, and delivered through a stiff rectal tube with a single opening. The tube is inserted from ten to fourteen inches. Should the patient become too deeply narcotized the ether should be massaged out of the bowels, and the latter again distended with oxygen. A small dose of morphia before narcosis will inhibit peristalsis and facilitate etherization. The author thinks it certain that the apparatus will be simplified, the technique of administration better understood, and the method the one of election in selected cases."



## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK

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### THE PARIS CONFERENCE

No definite word has come as yet (at the date of our going to press) of the precise time in June next when the nursing conference of the International Council of Nurses will be held, but we will in all probability be able to announce this finally in January. Nor is the exact programme yet to hand, but it will not be a very elaborate one, as we want to have time for talk and discussion and informal conference. We will have, however, the latest reports from all countries as to nursing organization; education, practical and theoretical; and state registration. We also hope to hear some details from the various nursing journals which are controlled or edited by nurses. Miss Nutting has promised to write on "The Practical Training and Education of Nurses," and we will have this translated into French.

Miss Van Vollenhoven, a Holland nurse, who has been some years in America, has offered to write on "Opportunities, Advantages, and Difficulties of the Foreign Nurse in America," and this (which she will write in French) will doubtless be of special practical interest to our foreign sisters. The French sympathizers and friends are showing much interest already, and for their kind sakes it is to be hoped that we shall have a good gathering of bright and progressive women. They will show us the French hospitals and the new nursing schools, and it will be a great opportunity to learn something of French movements and progress.

It is hardly necessary to say that there will not be enough of us to get any special rates on steamships. Every one will have to go in the ordinary way and look out for herself after she gets there. We shall, however, later in the winter, publish the name and address of a central hotel where the officers will lodge, and which may be regarded as a headquarters. We also remind all our readers that official and formal delegates with formal credentials are not in the plan for this gathering, as no regular business is to be transacted. The meetings, the floor, and the discussions will be open to all, and nurses from any country and any

organization, or those not belonging to any, will be welcome. We shall commit ourselves to nothing but friendly acquaintance at this conference. No new members (countries) can be admitted, but if any are inclined to like the idea of international unity, and wish to join our ranks, the regular meeting in 1909 (probably in Canada, though this is not absolutely certain,) will be the regular business meeting at which new affiliations will be made. At that time we will welcome with open arms any national associations of nurses which are founded on the principles we require for membership, viz.: democratic principles; the principles of equality and self-government, under which the nurses of an association have their voice and vote in its policy and progress.

L. L. DOCK,

Secretary International Council of Nurses.



IN the little town of Buctouch, near Moncton, N. B., a primitive and simple-minded Acadian Frenchman, struck with the spirit of progress and commercialism, attempted to boom his town as a pleasure and health resort.

To the summer visitor he said: "Oh, dis a nice plas, all kin's of fruit grow 'ere, the oyster she grow 'ere, the lobster she grow 'ere, oh, dis a nice plas. *Leeve, leeve* long time! I got gran'mudder he be 'under'd year ole, he go 'bout the 'ouse do all his own work, nice plas."

AMONG the same French people a fisherman had the misfortune to lose his son at a time when an extra mouth was not a burden, as it sometimes happens to be with the poor fishermen on the north coast, and he expressed his regret and wonder at the dispensation which deprived him of his son at such an inauspicious time: "Plenty *feesh*, plenty pot-a-to. Could keep him jus' well as not."

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

### TOO MUCH CRITICISM AND NOT ENOUGH PRAISE

DEAR EDITOR: I wonder why, in THE JOURNAL OF NURSING, there is so much fault found with the nurses, and so little praise given. Censure, although unpleasant to receive, undoubtedly does us good if at the same time we are commended for the good we do or the admirable qualities we possess: but I do not believe that censure alone is often of much benefit. Miss Dock writes about the extravagant, wasteful American nurse, as though that term could be applied to all nurses, or almost all. This is a mistake, for there are as many industrious, economical women among the nurses as would be found in any other class of working women. You seldom find nurses who rent furnished rooms leaving their rooms in the evening for even half an hour without turning the gas low, out of consideration for the landlady's purse. I speak from knowledge, not from hearsay, and on duty we, as a class, are no more wasteful of gas, food, or any other commodity, than if we had to bear the expense.

Some one has known of a nurse who has not given her patient a bath during the illness. I do not know of how long duration was the sickness, but this nurse is only one in a thousand, and she will soon have to sit in a rocking-chair and wonder why there is no work coming to her. As a general thing, patients get a daily bath, and an alcohol rub twice, sometimes twenty times, a day.

One nurse meets another with a patient on the street in New York, and this nurse is as well clad as her patient, so the conclusion is at once drawn that she is an extravagant woman, dressing beyond her means and not saving for the proverbial rainy day that is sure to come. This well dressed nurse lifted her skirt and displayed a pretty silk petticoat and well shod feet. She wore a becoming hat, nice gloves, and altogether was a well dressed woman—and a well dressed woman is always pleasant to look upon, whether she toils for a living or belongs to the leisure class. There is no merit in shabby or cheap clothes; if obliged to wear such garments, most of us can do so and not grumble, but to enjoy doing so, or to feel we are better for so doing, is a horse of another color. Some of the nurses in Chicago whom I know are always well dressed. If doing

housework, they have on a plain, neat house dress (usually stripes), and when on the street a tasteful street garb. One or two pretty dresses, for the occasional reception or theatre, usually complete the wardrobe. One nurse took from her trunk some old silk which already had done considerable service, and sat down to the sewing-machine. With the outlay of a few dollars, by evening a handsome silk petticoat was shown. She, like the New York nurse, has undoubtedly often been criticised for extravagance.

There are many nurses who could take *THE AMERICAN JOURNAL OF NURSING*, yet who do not; but there are many who do not take it because of the grim necessity they are under to count the pennies, and they will pay half with some one else. I believe there are at least three readers to one subscriber. Some time ago I read an article in *Harper's Magazine* on the trained nurse, written by a clergyman. He spoke of her as a fine type of womanhood, brave, self-reliant, and always ready to help her neighbor. Another article in as good a magazine (I have forgotten which) spoke of their courage. The writer of this article says that fear is almost unknown among physicians or trained nurses. After reading so much criticism, it gave me pleasure to read these articles. And now, dear editor, is it not just as well when criticising, to do a little praising? All of us have faults, and many of us very serious ones, but we are not a bundle of faults and nothing else.

HARRIET E. SIGSBEE,  
Salida, Col.

[We have much sympathy with this writer, and we want to assure her that we do not for a moment lose sight of that splendid group of private nurses who go steadily on year after year giving skilled, conscientious, womanly service to the multitude. It is because of the injustice to these women that we lend our pages so frequently to condemnation of those nurses whose conduct brings criticism to all members of the great nursing body. The mercenary, heedless, immoral type of woman in the ranks must be made to feel the disapproval of every reputable member of the nursing profession.—Ed.]

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#### ANOTHER SUGGESTION FOR THE SLIDING SCALE

DEAR EDITOR: I am much interested in the comments which appear from time to time in *THE AMERICAN JOURNAL OF NURSING*, with reference to caring for "the great middle class."

Would it be too much to expect our graduates to work for fifteen dollars a week, or, if need be, less, for the first year or two after they leave the hospital? Or at least they might be willing to accept less remuneration than the nurse who has stood the fire five, ten, or fifteen years. I

know that these older nurses take cases for what the patient can afford to pay, especially when he or she is some one they know or are interested in, or to accommodate a physician. Yet this still leaves a number of worthy people who cannot employ a first class nurse.

When our medical friends leave their Alma Mater, they are glad to care for patients that the more busy doctors have not the time to attend to. He is a very fortunate young physician who gets important work when he first begins to practice. Should our young nurses in like manner take the less profitable work to begin with, and in that way provide skilled attention for those worthy people who cannot possibly pay twenty or twenty-five dollars a week, and who usually are so grateful for any assistance rendered them?

THE SUPERINTENDENT OF A SMALL HOSPITAL.

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#### A CORRECTION

DEAR EDITOR: In the November number of THE AMERICAN JOURNAL OF NURSING is an article headed "The Cuban Training Schools." In this article it is stated that all the other schools send their nurses for the last three months of training to Mercedes Hospital, and that they all pass their examinations there.

I wish to say that in the Training School for Nurses connected with Hospital No. 1, Havana, which is the largest in Cuba, having a daily average of five hundred patients, the nurses do not go to any other hospital to complete their training. On the contrary, I have had nurses come here from Cienfuegos, Matanzas, and Puerto Principe, to finish their training and to be examined.

On the 28th of last June I had seven of my own pupils, third year, examined in this hospital.

The final examinations are public, and the Department of Charities provides the building. I ask you to publish this in the December number so as to correct the mistake.

ELIZABETH J. WALKER,

Superintendent of Nurses, Hospital No. 1, Havana, Cuba.

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### OFFICIAL ANNOUNCEMENTS

COLORADO.—The State Board of Nurse Examiners will meet in Denver on January 16th, 1907, to examine applicants for registration, according to an Act Relating to Professional Nursing. Miss Louie Croft Boyd, Secretary, 125 East 18th Avenue, Denver, Colorado.

MISSOURI.—“The Missouri State Association of Graduate Nurses will meet in St. Louis, Missouri, December 12 and 13. A large attendance is solicited.

ANNA B. ADAMS,  
Cor. Secretary.

NEW JERSEY.—A meeting of the New Jersey State Nurses' Association will be held Tuesday, December 4th, at 2.30 P.M., in the lecture hall of the Central Baptist Church, E. Jersey Street, Elizabeth, New Jersey. The graduates of the Elizabeth General Hospital will entertain the members at the close of the meeting. Addresses will be made by Dr. Norton L. Wilson, of Elizabeth; Foster M. Voorhees, ex-Governor of New Jersey; and Mrs. Henry H. Dawson, president of the Federation of Women's Clubs of New Jersey.

### ASSOCIATED ALUMNÆ

WE fear some confusion will arise from the announcement, made last month, of the change of address of the secretary of the Associated Alumnae. After Miss Casey had sent us the announcement, and it had gone to press, she was unable to secure the rooms which had been promised her. The correct address is as follows: Miss Nellie M. Casey, 5828 Sansom Street, West Philadelphia, Pa.

### REGULAR MEETINGS

SCRANTON.—The Alumnae Association of the Scranton Training School for Nurses held their regular monthly meeting at the State Hospital Thursday, November 15th, at 3 P.M. Nine nurses were present. An interesting talk on “The Metric System” was given by Miss Emma M. Davis, pharmacist of the State Hospital, after which the regular business was taken up. The president, Mrs. Coppinger, in the chair.

The minutes of the last meeting were read and approved. Miss M. Gannon was received into the association. After the business session the meeting adjourned, to meet at the State Hospital in December.



PHILADELPHIA.—The Alumnae Association of the Hospital of the Methodist Episcopal Church elected the following officers October 9, for the coming year: President, Mrs. Ardella Winstanley, 5253 Pine Street; treasurer, Miss Sarah Wiswell, 1606 Mt. Vernon Street; recording secretary, Miss Viola Mayhew, M. E. Hospital; corresponding secretary, Miss Annie E. Spence, 1221 Somerset Street.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training School Association was held at the Training School, November 6, the president, Miss Coleman, in the chair. Twenty-one members present.

Reports of secretary and treasurer read and approved. Committees had nothing to report.

A discussion as to the advisability of graduates working for reduced rates in the hospital was held. There was much diversity of opinion. No action was taken.

A letter from Miss Hadden, now living in Cristobal, Panama, was read with interest. The president made a strong appeal to all present to work in the interest of the endowment fund, stating the fact that larger benefits would be paid sick members when the sum of five thousand dollars, the amount agreed upon, was raised.

It was moved and seconded that Miss Fuller write a personal letter to all members who have not yet paid their pledged fifty dollars, asking them to do so, either in full or in part, before the annual meeting.

The question of starting a club house was again raised, the majority present favoring it. Moved by Miss Jones, seconded by Miss Havens, that a committee consisting of Misses Van Ingen, Dennise, and Fuller be appointed to make inquiries and make plans, and to report on same at the December meeting.

Mrs. Newman and Miss Maw were guests at the social gathering held after the business meeting.

MONTCLAIR, N. J.—The graduate nurses of the Mountain Side Hospital met at 60 Greenwood Avenue, Friday, October 19, for the purpose of organizing an association of the Alumnae. The meeting was well attended, and after the election of officers a social time was enjoyed and refreshments served.

NEWTON, MASS.—The Newton Nurses' Alumnae Association held their monthly meeting recently, a large number being present. It was voted to hold a fair at Easter, the proceeds to go toward the graduate nurses' club-house, which they hope to have before many years. Miss M. Biddie, superintendent of nurses, gave a most interesting address on state registration.

MINNEAPOLIS, MINN.—The programme committee of the Hennepin County Graduate Nurses' Association, in arranging the course of lectures for the winter, has deviated a little from the usual lectures given to professional nurses, and added to their schedule on medicine, surgery, and practical nursing a few lectures on other subjects. They were favored at a recent meeting when Dr. Thomas S. Roberts delivered his scientific lecture on "Birds." Dr. Roberts beautifully illustrated his talk with lantern slides, and carried the audience through fields

and forests into bird life and their home nests. After the lecture Dr. and Mrs. Roberts had a surprise awaiting the thirty nurses in the dining-room, and their home was thrown open for a social hour long to be remembered by the Association.

Miss Edith Sommel, president of the association, gave a social for the officers and committees on September 24. At the October meeting Mrs. Julia Pratt read a paper on "The Observation of Symptoms in Children."

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ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training School for Nurses was held at 68 Henry Street, October 24. There was an unusually large attendance, and all listened with pleasure to the interesting report of Miss Pierson, the delegate to the National Associated Alumnae Convention. Eleven names were accepted for membership, and thirteen others proposed. Miss McKechnie, superintendent of the Orange Memorial Hospital, was made honorary member of the association by a unanimous rising vote. After the election of officers a social hour followed.

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BOSTON.—The annual meeting of the Nurses' Alumnae Association of the Boston and Massachusetts General Hospital Training School for Nurses was held in the Thayer Library Tuesday, October 31st, at 3 P.M. The following officers were elected for two years: President, Miss Emma Anderson; first vice-president, Mrs. H. L. Gerrell; second vice-president, Miss Feiley; secretary, Miss Agnes E. Witeman, superintendent of nurses, Boston Lying-in Hospital; treasurer, Miss Grace Getter, superintendent Brockton Hospital, Brockton, Mass. Eight new members were elected to membership. After the business meeting a pleasant social time followed and refreshments were served.

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NEW YORK.—At the annual meeting of the Alumnae Association of the Roosevelt Hospital Training School for Nurses, the following officers were elected: President, Mrs. Grace Rundell Eppes; vice-president, Miss Idalian Van Heyer; secretary, Miss Julia E. Miner, the Roosevelt Hospital, New York; treasurer, Miss Elizabeth C. Burgess.

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PROVIDENCE.—The November meeting of the R. I. H. Nurses' Alumnae Association was held at the residence of Mrs. H. P. Churchill, the president, Miss MacPherson, in the chair. Twenty members were present. The usual business was transacted, and after meeting was adjourned a light repast was served by Mrs. Churchill, assisted by Miss Fitzpatrick and Miss Pervy.

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BRIDGEPORT, CONN.—At the annual meeting of the Bridgeport Hospital Alumnae Association, held in the reception rooms at the Nurses' Home, in October, the following officers were elected for the ensuing year: President, Miss Helena T. Kelly; first vice-president, Miss Agnes Cooke; second vice-president, Miss J. V. Scanlon; third vice-president, Miss Eliza Lavery; recording secretary, Miss Catherine Tuite; corresponding secretary, Miss Mary Finnegan; treasurer, Miss Sara M. Hanley. The meeting was a pleasant reunion, as several members from out of town, who had not attended a meeting in years, were present. It was decided that during the coming year the meetings should be held at the Home on Park Avenue and the Home on Iranistan Avenue alternately.

DENVER.—The State Board of Nurse Examiners held a three days' session in October, at which applicants for registration were examined. This was the second examination held by the board, and all the applicants passed satisfactorily.

DETROIT, MICH.—The Wayne County Graduate Nurses' Association was fortunate in having Miss Linda Richards, superintendent of nurses at the Michigan Asylum for the Insane, address them at a special meeting held in Harper Hospital Amphitheatre, Detroit, Friday, October 26th. The subject of the address was "The History of Training Schools for Nurses in America, and Progress in Nursing the Insane." The large number of nurses and their friends present testified to the regard in which Miss Richards is held in the profession. At the reception which followed the meeting, many availed themselves of the privilege of meeting Miss Richards personally.

FORT WAYNE, IND.—The Hope Hospital Alumnae gave a reception to the graduating class, two hundred guests being present. A charming musical programme was rendered. The reception line consisted of all the members who were off duty. A merry dance followed the reception.

EVANSVILLE, IND.—The Evansville Graduate Nurses' Association met November 5 at their rooms on Second Street. The following officers were elected by ballot for the year 1907: President, Allie E. Butler; first vice-president, Lydia Metz; second vice-president, Johanna Reinnecke; secretary, Elizabeth Kurzdorfer; treasurer, Florence Houghland; councillors, Lucy M. Mount and Catherine Zuber. An interesting meeting ensued, a paper being read from Miss Carrie M. Bechtel, who is now at the Presidio, California. Plans were discussed for the entertainment of the Indiana State Nurses' Association, which will meet here in the spring.

#### STATE MEETINGS

NEW YORK.—The first informal meeting of the New York State Nurses' Association was held at the Kings Co. Medical Society Library, Brooklyn, N. Y., on Tuesday, November 20, 1906. The meeting was well attended, over three hundred nurses, representing forty-two different schools, being present. The president, Miss Davids, was in the chair.

The morning session was devoted to informal discussions of various subjects, the first of which was "Remuneration of Graduate Nurses on Special Hospital Duty." The discussion was led by Miss Rhodes of Bellevue, showing that the majority of hospitals in Greater New York charge the patient from twenty-five to twenty-eight dollars per week, the nurse, in the majority of cases, receiving but twenty-one dollars for her services, the remaining money paying her board.

Most of the nurses present seemed to think this was unjust, as patients employing nurses on cases outside the hospital always furnish their board, whether at home or in the most expensive hotels, and when one considers that many of the nurses must pay at least ten cents daily carfare to reach their hospital, it reduces their income to only \$20.30.

"Should Graduate Nurses Wear Their School Uniform?" was a subject on which opinions were about equally divided. The advocates of white claimed that it was more easily disinfected, and compelled the wearer to always appear clean. The advocates of school uniforms claimed they were more distinctive, and showed loyalty to the school from which a nurse had graduated. A state uniform or insignia on the arm of an R.N. was also discussed, but did not meet with general approval.

"Should a Nurse Take a Case from Which Another Nurse Has Been Dismissed Without Just Cause?" was the next subject under consideration. Decidedly "yes" was the general opinion; so long as the patient was ill and required nursing, it was the duty of any nurse to take the case.

Dr. G. Morgan Muren, of Brooklyn, read a most instructive paper on "Sanitary and Moral Prophylaxis."

The officers and speakers of the day were entertained at luncheon by the Graduate Nurses' Association of the County of Kings. The afternoon session was devoted to papers on "The Education and Training of Nurses." Dr. William Francis Campbell, President Kings County Medical Association, welcomed the nurses most cordially to the beautiful building of the association. After this, the first paper of the afternoon was read by our old friend, Dr. A. T. Bristow. It was entitled "Is the Present System of Training Fair to the Pupil Nurse?" The subject was then presented from the point of view of the Training School Board of Managers by Mrs. William Church Osborne, of Manhattan, and Mrs. H. C. Riggs, of Brooklyn; "Patient," Mrs. Tunis Bergen; "Superintendents of Training Schools," Miss N. Cadmus, Superintendent of S. R. Smith Infirmary, Staten Island; "State Board of Nurse Examiners," paper by Miss S. F. Palmer, read by Miss Damer; "Ideas of a Graduate Nurse," Miss L. L. Dock. Several of these papers will appear in the January number of the JOURNAL.

Subscriptions for the JOURNAL were solicited, and seven new subscriptions gained.

In the evening, the Executive Committee held another meeting at 14 East Forty-second Street. All the superintendents of training schools of Greater New York, together with the Board of Nurse Examiners, Chancellor McCracken of the University of the State of New York, Dr. Le Fevre, Dean of the Medical Faculty, and Dr. H. L. Taylor of the Regent's Office, were invited to join with them to discuss the advisability of establishing a central school for nurse probationers. Thirty-two of the forty-five invited attended, and a free discussion ensued.

Miss Davids, President of the State Association; Miss Damer, of the Board of Nurse Examiners, and the Misses Goodrich, Cadmus, and Sanborne, superintendents of training schools, were appointed a committee to look into the matter more closely and to report to the State Association.

FRIDA L. HARTMAN, R.N.,  
Secretary.

PENNSYLVANIA.—The third annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held at the Hotel Rittenhouse, Philadelphia, Pa., on October 17th, 18th, and 19th.

The first meeting, held on Wednesday afternoon, was an open meeting, and

an interesting programme had been prepared by the committee on arrangements: Invocation, Rev. Floyd W. Tomkins, S.T.D.; address of welcome, Mayor John Weaver; address, Dr. W. M. L. Coplin; address, Miss Dora Keen; address to nurses, Dr. Henry Beates.

The meetings of both Thursday and Friday were executive sessions. Thursday morning was devoted to routine business, and Thursday afternoon to a discussion of the bill which is to be presented at the next session of the Legislature. The Philadelphia nurses gave an informal reception in the parlors of the Hotel Rittenhouse on Thursday evening.

On Friday morning there was much routine business to be finished and many reports to be heard. The question of "Skilled Nursing Care for the Great Middle Class" was not as fully reported on as had been hoped for, and will again be brought up at the next meeting.

The election of officers for the coming year was held on Friday afternoon: President, Miss Roberta West, Wilkes-Barre, Pa.; first vice-president, Miss Helen F. Greany, Philadelphia, Pa.; second vice-president, Miss Anna M. W. Penny-packer, Harrisburg, Pa.; secretary, Mrs. Edwin W. Lewis, Braddock, Pa.; treasurer, Mr. William McNaughton, Pittsburg, Pa.; third director, Miss Mary J. Weir, Braddock, Pa.; fourth director, Miss C. I. Milne, Philadelphia, Pa.; chairman of Legislative Committee, Miss Helen Hunt, Pittsburg, Pa.; chairman of Membership Committee, Miss N. A. Cumiskey, Philadelphia, Pa.; chairman Arrangement Committee, Miss Constance Curtis, Phoenixville, Pa.

The invitation extended by the nurses of Reading, Pennsylvania, to hold the spring meeting at their city on May 15th, 16th, and 17th, was accepted.

The Association voted twenty-five dollars for the endowment fund for the chair of hospital economics. This sum was increased to thirty-four dollars by individual subscriptions.

MAUDE W. MILLER, Assistant Secretary.

WASHINGTON, D. C.—The annual meeting of the Graduate Nurses' Association of the District of Columbia was held at the Garfield Memorial Hospital, November 6th, at 3 P.M., the president, Miss G. M. Nevins, in the chair. Two items of business were transacted: first, that a central directory be organized and managed by the Association, and, second, by a unanimous vote, that one hundred dollars be given to the National Associated Alumnae for the purchase of a share of stock in THE AMERICAN JOURNAL OF NURSING. The officers elected for the coming year are: President, Miss G. M. Nevins, Garfield Memorial Hospital; first vice-president, Miss Marian Little, National Homœopathic Hospital; second vice-president, Miss A. White, The Victoria; secretary, Miss Elizabeth M. Hewitt, The Victoria; treasurer, Miss Peron E. Jennings, The Children's Hospital.

ELIZABETH M. HEWITT, Secretary.

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its regular quarterly meeting at William Backus Hospital, Norwich, Connecticut, on Wednesday, November 7, 1906, at 1.30 P.M. Dr. Symington, superintendent of the hospital, welcomed the nurses, and spoke briefly and suggestively on state registration.

The regular business meeting followed, Miss R. Inde Albaugh, of Grace Hospital, New Haven, presiding.

The subject for discussion, "The Value of the Externe Service in the Train-

ing School Course," was presented in a paper read by Mrs. E. Baldwin Lockwood. Miss Emma L. Stowe, superintendent of the Connecticut Training School for Nurses, New Haven, defended the attitude taken in the paper. Miss Andrews, of Waterbury, and Mrs. Rogers, of New York, spoke against the externe service.

The next meeting will be held in Bridgeport, in February, and will take for its subject "The Responsibility of the Registered Nurse."

A meeting of the executive board followed the regular meeting.

The nurses were most pleasantly entertained by Miss Love, superintendent of the Training School. Refreshments were served, and many nurses were shown about the perfectly appointed hospital.

E. B. Lockwood, Secretary.

**MICHIGAN.**—A joint meeting of the Committee on Charities and Corrections of the Michigan State Federation of Women's Clubs, of which the Rev. Caroline Bartlett Crane is chairman, and the State Nurses' Association, Mrs. L. J. Lupinski, chairman, was held early in November in Grand Rapids. Work for both these committees was planned, among other things being the movement for placing a trained nurse in the county homes of the state. It is hoped that enough money to try the experiment in the county homes of Kent and Muskegon will be furnished by individuals and clubs.

**MARYLAND.**—The fall meeting of the Maryland State Association of Graduate Nurses was held at the University of Maryland Hospital on Tuesday, October 30, 1906. The president, Miss Mary C. Packard, presided.

Several of the committees reported good work accomplished. Miss Mary E. Lent, chairman of the committee on tuberculosis work, stated that a nurse who gives all of her time to the care of tuberculous patients among the poor had been supported by the members of this association since May 1, and there is little doubt but that this nurse will be kept in the field for a whole year. It is hoped that by that time other arrangements can be made for her support. This work has been carried on under the direction of the Instructive Visiting Nurses' Association of Baltimore.

Since the last meeting, in May, a committee of nurses has been appointed by the executive committee of the Maryland branch of the Red Cross Society, to assist them in the work of enrolling a corps of Red Cross nurses in Maryland, and the announcement was made that the Maryland Branch of the American National Red Cross Society was ready to begin the enrolment of nurses.

After the reports a paper was read by Miss Marie A. Gorter on the "Needs of Small Hospitals," and the subject was freely discussed. It was very clearly brought out that what our small hospitals in Maryland lack most is theoretical training, and, following a suggestion of our honorary president in her last annual address, a motion was made that the president should appoint a committee whose duty should be to investigate ways and means of establishing a central school in Maryland, where nurses should receive their theoretical training, and then receive their practical training in the various small hospitals.

After the meeting adjourned, tea was served by the reception committee.

SARAH F. MARTIN, Secretary.

**OHIO.**—The third annual meeting of the Ohio State Association of Graduate Nurses was held in Dayton, Ohio, October 16th and 17th, in the assembly room of the Algonquin Hotel, the president, Miss Ella Phillips Crandall, presiding.



Invocation—The Rev. Maurice E. Wilson, D.D.

Address of welcome—Mrs. Charlotte Reeve Conover.

Mrs. Conover's welcome was most hearty, and closed with the hope that our organization might grow to larger and wider things, and be a source of power and strength in the state of Ohio.

In the address of our president, Miss Crandall, she stated that, although nothing tangible has been secured in regard to state registration, our defeat has become our inspiration. If we cannot have legal protection, we will make our own inherent strength our protection, and that strength shall come to us through the bonds of closer acquaintance, better understanding, common purpose, united efforts, and uniform methods.

Minutes of last meeting, reports of treasurer and committees.

Discussion, "The State Society as an Educator vs. State Legislation for Nurses," conducted by Mrs. Hunter Robb, followed by Miss Mary Hamer Greenwood and Miss Elizabeth M. Ellis.

This discussion was most exhaustive, and convinced the association that our energies must be largely directed to the educational advancement of our standard, rather than with the hope of gaining anything in a legislative way under existing conditions in Ohio. As an outgrowth of this discussion, a fund known as the Educational Fund of the Ohio State Nurses' Association was begun. Miss Anna Lawson, of Akron, was appointed chairman of committee on this fund, with power to choose her associates. Afternoon tea was served in the hotel parlors. At eight p.m. a most excellent address on "Defective Brain" was delivered by Dr. R. H. Grube, Xenia, Ohio.

Wednesday, A.M., the programme was:

"How to Supply Skilled Care to Families of Moderate Means," by Mrs. S. E. Stone, Mt. Carmel Hospital, Columbus, Ohio; "The Nurse's Duty in Caring for Contagious and Specific Diseases in Towns and Cities Without Contagious Hospitals," by Miss Marie Anna Lawson, City Hospital, Akron, Ohio; "The Tuberculosis Camp in Columbus," by Miss M. Ellen Kershaw, Superintendent, Visiting Nurse Association, Columbus, Ohio; "Mortality Among Infants, and Its Prevention," by Miss Upjohns, Superintendent, Rainbow Cottage, Cleveland, Ohio; "District Nursing in Cleveland, and Its Work Among the Blind," by Miss M. L. Johnson, Secretary, District Nurses' Association, Cleveland, Ohio; "The Private Nurse—Her Duty to the Public," by Miss Elizabeth Carothers, Graduate Johns Hopkins Hospital, Cincinnati, Ohio; "Her Duty Toward Her Local and State Organizations," by Miss Fannie F. Adler, Graduate Jewish Hospital, Cincinnati, Ohio.

The papers were most excellent, and were freely discussed. The following officers were elected for the ensuing year: President, Mary Hamer Greenwood, Cincinnati; first vice-president, Olive Fisher, Cincinnati; second vice-president, Elizabeth M. Ellis, Cleveland; third vice-president, Ella Phillips Crandall, Dayton; fourth vice-president, Anna Lawson, Akron; fifth vice-president, Matilda Johnston, Cleveland; sixth vice-president, Elizabeth M. Hartsock, Springfield; treasurer, Emma A. Doe, Columbus; secretary, Mary Ellen Kershaw, Columbus.

The president announced the next annual meeting would be held at Cincinnati. The meeting then adjourned, and we were most delightfully entertained at a reception at the home of Mrs. Carl Berlin, National Military Home.

ELIZABETH M. HARTSOCK, Secretary.

## PERSONALS

MISS S. C. GRAHAM, Class of '06, Chester Hospital Training School, has gone to the Italian Hospital to assist Miss Macmunn.

MISS ROSE A. KEATING, of the Baltimore City Hospital (Class of '06), has accepted a position at the Tom Franklin Hospital, Columbus, Mississippi.

MISS MARGARET D. MURRAY and MISS GENEVA L. DUNKLE, of the Baltimore City Hospital (Class of '06), have been appointed and assigned to duty at the Ancon Hospital, Ancon, Isthmian Canal Zone, Panama.

MISS SARA WARD, of the Baltimore City Hospital (Class of '01), has accepted the position of chief nurse of private operating room in her own hospital, with Miss Annie V. O'Leary (Class of '04) as her assistant.

MISS MYRTLE LYNCH, of Evansville, Indiana, has gone to Los Angeles, California, for an extended trip. She will enter a hospital there for a post-graduate course, and also hopes to be benefitted in health by a change of climate.

THE Redlands Hospital, Redlands, California, has started a Training School for Nurses. Course three years. Miss Edith M. Hodgins, North Adams Training School, North Adams, Massachusetts, Class of 1902, Superintendent; Miss Ester Haven, Illinois Training School, Chicago, Illinois, Class of 1902, Assistant Superintendent.

MISS BIRDIE P. GROSS, Class of '04, Medico-Chirurgical Hospital, Philadelphia, for the past two years Superintendent of Nurses at Lynchburg Sanatorium, Lynchburg, Virginia, has resigned her position, and is now at her home in Freeland, Pennsylvania, where she will be married shortly to Dr. E. Manford Nighbert, U.S.I., B.A.I., who is now stationed at Atlanta, Georgia.

MISS HESTER L. PAGE, R.N., Superintendent of the Oil City Hospital, Pennsylvania, who has been subjected to most annoying comments from the public press because of her efforts to correct certain deplorable conditions existing in the hospital, has been sustained by the Board of Directors of the institution. At a meeting of the Board held on October 21, the following resolution was adopted:

"Whereas, The action of the nurses, who left the hospital in a body May 16, 1906, without warning, abandoning the twenty-eight patients in the hospital at the time (some of whom were then in critical condition), was unwarranted and inexcusable, and

"Whereas, The support and approval of some of the doctors of the city given such nurses, as well as the methods employed by them since, in abandoning the hospital, and in endeavoring to influence public opinion against Miss Hester L. Page, the superintendent, with the view of forcing her retirement, have been most objectionable and deplorable, and

"Whereas, The charges and allegations of these nurses, and some of the doctors, after a full investigation, were not (in our opinion) sustained, and

"Whereas, The attacks upon Miss Page in the press have been most unfair and unjust, holding her, a defenseless woman, up to ridicule, and

"Whereas, the management of the hospital during her administration has been particularly efficient and thorough, therefore be it

"Resolved, That we support and sustain Miss Page.

(Signed.)

KENTON CHICKERING.

S. Y. RAMAGE.

B. F. BRUNDRED.

W. R. BARR.

H. H. RAND.

J. M. REED.

D. J. GEARY.

WILLIAM HASSON.

O. H. STRONG.

E. R. SHEPARD.

J. B. CRAWFORD."

An organization of women representing prominent ladies of the city also passed resolutions in support of Miss Page.

#### BIRTHS

On October 27, at Newtonville, Massachusetts, a son to Mrs. Charles R. King. Mrs. King was Miss Annie L. Gates, Class of 1894, Illinois Training School, and a Spanish-American War nurse.

#### MARRIAGES

In Madison, Wisconsin, September 12, Miss Emma Finch Hicks to Mr. Thomas Savage. Mr. and Mrs. Savage will make their home near Janesville, Minnesota.

At Newark, New Jersey, September 26, Miss Elizabeth Irene Somers to Dr. Perry B. Preston. Dr. and Mrs. Preston will make their home at Tobago Sanitarium, Panama.

At Newark, Maryland, August 29, Miss Alethea Janney to Mr. William S. Martin. Mr. and Mrs. Martin will live at Durham, N. C.

At Mill Valley, California, October 16, Miss Mary E. Owen to Mr. Henry E. Taylor. Mr. and Mrs. Taylor will make their home at Mill Valley.

In El Paso, Texas, October 15, 1906, Miss Mary H. MacDougall to Mr. Louis J. Owens. Miss MacDougall was graduated from the Rhode Island Hospital Training School, class of 1903, and from that time to September, 1906, was nurse in charge of the operating room. Mr. and Mrs. Owens will reside at Morenci, Arizona.

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OBITUARY.

DIED at her sister's home in Northside, Cincinnati, Ohio, May 16, 1906, Mrs. Kate B. Ringold, graduate of the Cincinnati Training School, Class of '96. Mrs. Ringold was at one time president of the Alumnae Association, and was a very successful nurse both in hospital and private duty.

ON October 3, after a short illness, Miss Mary Platt, graduate of the Nathan Littauer Hospital, Class of '99, died at Gloversville, New York. Miss Platt was for a number of years in charge of Miss Foote's registry, New York City.

THE death of Miss Clara P. Tivey, a member of the Connecticut Training School for Nurses, took place at the New Haven Hospital, October 17th, of this year. While in pursuit of her work in that institution Miss Tivey contracted typhoid fever, which after a severe illness, proved fatal. The funeral took place Friday, October 19th, from the residence of her sister, Mrs. F. T. Jarman, of 195 Jefferson Street, Hartford, Connecticut.

Miss Tivey entered the school in February of this year, and won to a marked degree the respect and affection of those associated with her.

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## TRAINING SCHOOL NOTES.



Of the 441 graduates from the Toronto General Hospital School for Nurses, 249 are actively engaged in nursing, 141 are married, 8 are missionaries, and 20 have died.

THE Passavant Memorial held graduating exercises on November 15th. The names of the nine nurses receiving diplomas were: Nettie Ellen Duebel, Cambridge City, Indiana; Anna Jane Zeigler, Freeport, Illinois; Margaret Bidinger, Rockford, Illinois; Maude Essig, Elkhart, Indiana; Martha Anne Wallace, Belfast, Ireland; Mary Edna Kennedy, Brookston, Indiana; Laura Grosstueck, Manitowoc, Wisconsin; Clara Belle Walker, Ilderton, Ontario; Charity Adelaide Moore, Canton, Illinois.

HOPE HOSPITAL, Fort Wayne, Ind., held graduating exercises on October 26, when the following nurses were given their diplomas: Miss Annabel McCallum, St. Thomas, Ont.; Miss Mabel P. Sanders, Sarnia, Ont.; Miss Helen Palmer, Wallaceburg, Ont.; Miss Irene Byron, Pittsburg, Pa.; Miss Mabel A. Files, Fort Wayne, Ind.; Miss Eva B. Glasgow, St. Thomas, Ont.; Miss Corris L. Hammond, Prattville, Mich.; Miss Katherine B. Hartman, Fort Wayne, Ind.; Miss Lydia E. Kreutziger, Elkton, Mich.; Miss Dessie E. Kelsey, Zanesville, Ind.

IN view of the great demand for nurses trained in the care of chronic medical cases, and the rapidly increasing need for those trained in nursing tuberculosis and cancer, the managers of the House of the Good Samaritan, Boston, Massachusetts, have decided to give a Post-graduate Course in these diseases, as well as in Orthopedic Surgery and Nursing.

The hospital is a new building, opened July, 1905, modern in every way, and perfectly equipped. In the near future a Hydrotherapy room will be opened, thus adding another important branch to a Post-graduate Course.

Information in detail may be had from the Superintendent, Miss Louise M. Coleman, House of the Good Samaritan, corner Francis and Binney Streets, Boston, Massachusetts.

THE graduating exercises of the Class of 1906 of the Lutheran Hospital Training School for Nurses, St. Louis, Mo., were held in the Aula of the Concordia Seminary Thursday evening, October 25. A good programme was rendered of both vocal and instrumental music, and two addresses, one in English and one in German. The entertainment was concluded by the presentation of diplomas to the following: Miss Emma Martens, Alma, Mo.; Miss Leonora Habighorst, St. Louis, Mo.; Miss Louise Roth, Frohna, Mo.; Miss Emma Wiegner, St. Ansgar, Iowa; Miss Hedwig Mueller, Dalton, Ill.; Miss Anna Manuel, Lincoln, Kans.; Miss Emma Ponko, Ludington, Mich.; Miss Charlotte Schweim, Atchison, Kans.; Miss Emilie Schmidt, St. Louis, Mo.; Miss Martha Hauser, St. Louis, Mo.; Miss Anna Erickson, Kansas City, Mo.; Miss Emma Cook, Cape Girardeau, Mo.; Miss Frieda Laudsky, Brodhagen, Kans.; Miss Bertha Wohlers, Manning, Iowa; Miss

Rosina Stuenkel, Chicago, Ill.; Miss Marie Borthel, St. Louis, Mo.; Miss Emma Ohlendorf, Ohehedyen, Iowa; Miss Anna Struckmeyer, St. Louis, Mo.; Miss Paulina Hollrah, St. Charles, Mo.; Miss Marie Gast, St. Louis, Mo.

The evening following, the graduating class was entertained with a banquet by the alumnae of Lutheran Hospital Nurses of St. Louis at the commodious residence of Dr. E. H. Kessler, No. 3446 Shenandoah Avenue. The house was artistically decorated with the class flower, the chrysanthemum, and ferns, while a panel on the wall in turquoise blue and gold, the class colors, bore a Maltese cross, the class pin, with the inscription of the class motto: "Go forth with patience, trust, and hope." Dr. Kessler made the opening address, in which he impressed on the nurses that the great essential quality was cheerfulness. Miss Brockman, president of the alumnae, cordially invited the graduates to join the association. Toasts cheerful and sober were exchanged. Miss Wiegner acted as class historian, Miss Schmidt poetess, Miss Manuel prophetess, Miss Wohlers valedictorian. The Misses Rollman assisted by rendering a dialogue, and Mrs. Kessler, our worthy hostess, gave us selections on the piano. The guests were conveyed from and to the training school in the special car "Sans Souci."

#### NORTH CAROLINA EXAMINATION QUESTIONS

The questions used by the North Carolina Board of Examiners of Nurses at the May, 1906, examination, are given below. The papers on Anatomy, Physiology, and Surgical Nursing were prepared by the medical members of the board; the other papers by the nurse members of the board.

#### PRACTICAL NURSING AND HOUSEHOLD HYGIENE

1. Give a definition of a contagious disease; of an infectious disease.
2. What precaution should a nurse observe when caring for patients suffering from communicable diseases?
3. Describe a *model* sick-room—location, furniture, ventilation, and care necessary.
4. How do you give a cold sponge bath to reduce temperature?
5. Give formula for good nutritive enema.
6. How do you prepare normal salt solution?
7. Describe a baby's first bath.
8. How would you prepare your patient for anæsthesia? Name half a dozen things that the nurse must always have ready for an operation in a private house.
9. What is the normal rate of pulse and respiration?
10. How do you arrange for a croup kettle, and what must the nurse look out for?

#### INVALID COOKERY

1. Define food.
2. From what source do we obtain proteids, salts, and fats?
3. Why is a mixed diet advisable?
4. What articles of food would you exclude from the diet of an invalid? Why?



5. What is the source of starch?
  - (a). Give test for starch.
  - (b). Name the starch digesting enzymes, and tell where found.
  - (c). Name six or more starchy foods.
  - (d). What general rule should be observed in the cooking and eating of starchy foods?
  - (e). What part do starchy foods supply in the human system?
6. Tell how you would cook oatmeal, grits, and cornmeal gruel.
7. What is the best method of cooking white potatoes?
8. Give a recipe for a light and easily digested corn muffin.
  - (a). Do you consider griddle cakes wholesome? Give reasons.
9. Name four easily digested albuminoids, not including eggs and chicken.
  - (a). Give best method of cooking each.
10. What are sweetbreads?
  - (a). What care should be used in selecting and keeping them? How cook?
  - (b). What part do albuminoids supply in the system?
11. Name the easily digested vegetables, and tell how you would cook them.
  - (a). Of what use are vegetables in the system?
12. Are fats essential to a perfect diet? Why are lard, tallow, etc., unwholesome?
13. Why are fruits beneficial? Name the easily digested ones.
14. Does the addition of sugar to fruits increase their digestibility?
15. What are the chief ingredients in fruits?

#### MEDICAL NURSING

1. What is sometimes one of the serious complications of measles? What can the nurse do to guard against this danger? What lasting injury is often caused by measles, and how can the nurse make this less liable to occur?
2. What is the seat of disease in dysentery? Name some of the symptoms. What precaution should the nurse take to render this disease less dangerous?
3. What is a tincture? A spirit?
4. Give some of the toxic symptoms of strychnia. Of arsenic.
5. Give the table of apothecary's measures.

#### OBSTETRICAL NURSING

1. What is the second stage of labor?
2. If left to you to dress the baby's cord for the first time, how would you do it?
3. In case of post-partum hemorrhage, the doctor being absent, what is the essential thing for the nurse to do?
4. Tell how you would prepare a patient for labor.
5. How do you distinguish true labor pains from the false?

#### SURGICAL NURSING

1. Describe the preparation of catgut by the cumol method.
2. Are there any diseases you would not go directly from to a major operation? If so, why? Name them.

3. How would you make plaster of paris bandages and plaster of paris paste?
4. Name the most common infectious bacteria, and where are they to be found?
5. Give formula of one good nutrient enema, and the proper amount to give.
6. Give formulæ of three best evacuating enemas, and the proper amount to give.
7. What is the best diet and drink for a patient who is badly nauseated during first forty-eight hours after an operation?
8. Describe the proper method of sterilizing and putting on rubber gloves.
9. Describe the preparation of the bed for the reception of a patient who has just been operated on.
10. What is the Trendelenburg position, and what is its purpose?

## ANATOMY AND PHYSIOLOGY

1. Difference between a secretion and an excretion?
2. What digestive ferment found in the saliva?
  - (a). What furnishes this ferment?
3. Function of the pancreas?
  - (a). What part in the digestive process does the bile take?
4. Describe physical characters of the blood?
5. Describe blood coagulation.
6. Describe red cells and white cells.
  - (a). Proportion of red and white cells.
7. Physical properties of urine?
  - (a). Normal reaction?
  - (b). To what is normal reaction due?
  - (c). Amount passed in twenty-four hours?
8. What is Broca's center in the brain?
  - (a). Define aphasia?
9. Define incoördination.
  - (a). What part of the cerebrospinal system controls this?
10. What is the function of the liver?
  - (a). Describe digestion of fats?
  - (b). What foods are digested in intestinal tract?

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING NOVEMBER 15, 1906.

BECHTLE, CARRIE, graduate of Christ's Hospital, Cincinnati, 1896, and Superintendent, Deaconess' Hospital, Evansville, Indiana, one year, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

BUZZA, MARY, graduate of Illinois Training School, 1906, appointed October 8 for emergency work at Fort Sheridan, Illinois, discharged.

BROCK, SARAH A., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

DAVIS, ANNA L., transferred from Division Hospital, Manila, to Fort McKinley, P. I.

DENAHY, MARIE, transferred from Fort Sheridan to the General Hospital, Presidio of San Francisco.

DOERSCH, CLARA CECILIA, graduate of Pittsburg Training School, Homoeopathic Hospital, 1897, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Presidio of San Francisco to duty at the General Hospital, Fort Bayard, New Mexico.

HANSON, BERNICE E., en route to the United States, via the Suez, from the Division Hospital, Manila, P. I.

HINE, M. ESTELLE, formerly on duty at Division Hospital, Manila, home on leave, under orders for discharge.

KELIHER, JOSEPHINE F., formerly on duty at Division Hospital, Manila, home on leave, under orders for discharge.

KING, ROSANNA M., transferred from Presidio of San Francisco to the General Hospital, Fort Bayard, New Mexico, for duty.

PHILIPPENS, MINNIE A., transferred from Division Hospital, Manila, to Iloilo, P. I.

PIERCE, MARGARET, formerly on duty at Camp Keithley, P. I., home on leave, under orders for discharge.

RECTOR, JOSEPHINE, formerly on duty at General Hospital, Fort Bayard, discharged.

SMITH, CATHARINE, transferred from Fort William McKinley to Zamboanga, P. I.

WILLIAMSON, ANNE, en route to the United States, via the Suez, from the Division Hospital, Manila, P. I.

## BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

**OBSTETRICS FOR NURSES.** By Joseph B. De Lee, M.D., Professor of Obstetrics in the Northwestern University Medical School of Chicago. The new (Second) Revised Edition. 12mo of 510 pages, fully illustrated. Price \$2.50. Philadelphia and London: W. B. Saunders Company.

This book, which was reviewed in these pages on its first appearance, two years ago, is already so well known that it needs no further introduction. The present edition includes the latest methods in obstetrical nursing; these very naturally remain very much as they were two years ago. In the part devoted to visiting or district nursing, there are some new and practical suggestions, notably the recommendation of old newspapers, which when sterilized may supply a shortage of linen, rubber sheets, and even basins. We may gather from this that Chicago is not behind New York in multiple editions daily of the newspaper. We note the use of a new mercurial solution, Sublamin, used as a substitute for bichloride and in the same proportion; a new way of generating formaldehyde vapor; and also a new preparation of albumen, soluble in water, called Calodal, used hypodermically in a five per cent. solution, and also added to the nutrient enema, or forming its chief ingredient.

**DORLAND'S AMERICAN ILLUSTRATED MEDICAL DICTIONARY.** A new and complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and kindred branches; with over one hundred new and elaborate tables and many handsome illustrations. The new Fourth Revised Edition. By W. A. Newman Dorland, M.D. Large octavo, over 850 pages, with two thousand new terms. Flexible leather, \$4.50 net; indexed, \$5.00 net. Philadelphia and London: W. B. Saunders Company, 1906.

The fourth edition of Dorland's dictionary comes to us with every adjunct of sumptuous elegance that the printer and binder can devise. The result is a delight to the eye, in the warm coloring of red and gold, while the touch and odor of the leather cannot fail to awaken a feeling of gratitude in any one who uses the book.

Perhaps nowhere else in English literature is there such a constant

growth in the vocabulary as in the field of medicine. Dr. Dorland does not allow these new words to escape, and every year rounds up all the new additions. He claims to have added two thousand to this year's list, as well as adding to the illustrations most generously.

**PROPHYLAXIS AND TREATMENT OF INTERNAL DISEASES.** By Frederick Forchheimer, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine, Medical College of Ohio, University of Cincinnati, Cincinnati, Ohio. D. Appleton & Co., 436 Fifth Avenue, New York.

While primarily written for physicians and advanced students, this book is nevertheless recommended to every nurse who finds satisfaction in intelligent observation of the cases which it is her privilege to assist in caring for. The name of the book is itself a hint of its contents. The writing is of distinct style, showing the author to be master of writing as well as of medicine. The practical tone of the book reveals itself more particularly in such pages as the general prophylaxis of diseases of the respiratory tract, or prophylaxis in tuberculosis.

**A MANUAL OF THE PRACTICE OF MEDICINE.** By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, and Lecturer on Physical Diagnosis at the University of Pennsylvania. New Seventh Edition, thoroughly revised. 12mo of 556 pages, illustrated. Flexible leather, \$2.50 net. Philadelphia and London: W. B. Saunders Company, 1905.

The seventh edition of this rather unique work appears in fine black leather binding. It retains its original plan for giving in brief and condensed form the results of the great army of writers who have written at length on special subjects.

Not a book for reading, so much as a handy reference work, covering a very extensive field, and including all the diseases usually described in a practice of medicine.

**TEXT-BOOK OF MIDWIFERY FOR NURSES.** By Robert Jardine, M.D., Edin., M.R.C.S., Eng., F.F.P. & S., Glasgow, F.R.S., Edin. London: Henry Kimpton. Chicago: W. T. Keener Co.

W. T. Keener of Chicago introduces the third edition of this book, which, however excellent in its own habitat, is too far removed from its proper zone to flourish here. The midwife, one of the oldest institutions in the world, has not flourished in America. No nurse desires to assume responsibility in midwifery, even if the law allowed her to. As a handbook on obstetrical nursing, the book has much to recommend it, although it is not to be placed in the same category as those by our own writers on the same subject.

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